Dr Philip Nitschke & Dr Fiona Stewart

The Peaceful Pill eHandbook

POST COVID

DIGITAL ONLINE EDITION

Exit International USA

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For

Derek Humphry

for his courage and compassion in showing the way

'Freedom takes a lot of effort'

Anna Stepanovna Politkovskaya

The Peaceful Pill eHandbook

Dr Philip Nitschke

&

Dr Fiona Stewart

EXIT INTERNATIONAL

Published by Exit International USA
8105 Birch Bay Square St, Ste 205
Blaine WA 98230

sales@peacefulpill.com
+31 (0)6 30 966 992 (NL)
(+1) 360 961 1333 (USA)

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http://www.peacefulpillforums.com

To apply for membership of the Forums, you will first need to be aged 50 years or over and of sound mind. To apply, send an email to:
forums@exitinternational.net

* Photo ID is required.
** A wait time of 1 month applies to new subscribers.

Video: *The Peaceful Pill eHandbook*

Preface

The Peaceful Pill eHandbook aims to provide Seniors and people who are seriously ill with accurate, up-to-date information about their end-of-life choices.

In 1996, it was Australia who passed the world's first right to die law: the *Rights of the Terminally Ill Act (ROTI)*. Under *ROTI*, I (Philip Nitschke) became the first doctor in the world to provide a legal, lethal, voluntary injection to four of my terminally ill patients: a 'Peaceful Pill' if you like. These four very sick people died peacefully in their sleep, with their loved ones by their side.

As their treating physician, I was the one who put the needle into their veins. To facilitate this process, I built the 'Deliverance Machine' which was a laptop computer and program. The Machine gave these four people ultimate control over their deaths because it was they (not me) who pushed the button that allowed the lethal drugs to flow. I sat over the other side of the room. Their deaths taught me how important it is for peole to have control at the end.

At each separate person's assisted death, the computer presented a short series of questions:

1. Are you aware that if you go ahead to the last screen and press the 'yes' button you will be given a lethal dose of medications and die?
2. Are you certain you understand that if you proceed and press the 'yes' button on the next screen you will die?
3. In 15 seconds you will be given a lethal injection ... press 'yes' to proceed.

The Deliverance Machine can be seen at the British Science Museum, London

After pressing the button for a third time, the Machine delivered a lethal dose of the barbiturate, Nembutal. The Deliverance Machine (now in the British Science Museum) enabled these four people to die peacefully and with dignity under a brand new law.

My experience of legal, assisted suicide taught me that the drug Sodium Pentobarbital - commonly known as Nembutal - provides one of the most peaceful death imaginable. And it almost never fails. That is why it is used in countries like the Netherlands, Belgium, Switzerland, Australia and the US States (eg. Oregon) where assisted dying is lawful.

In countries where there are no end of life laws, the means of achieving a peaceful death is next to impossible. The rationale of governments is that if people are kept in a state of complete ignorance, they *should* live longer and happier lives. Not true!

In my experience, once people have access to information that empowers and enables informed decisions - choices - to be made, they stop worrying. Knowledge about one's end of life choices is empowering. It is this empowerment that promotes a longer, happier life. Not ignorance.

The Peaceful Pill eHandbook has been created to provide accurate, up-to-date information about practical end of life methods. This is not a theory book. This is a practical guidebook. The online medium is the perfect format for disseminating information in this fast-changing field.

The Peaceful Pill eHandbook is published in the United States where freedom of speech is enshrined in this country's *Bill of Rights*. Of course, the *eHandbook also* covers some grey areas of the law. However, it is the Constitutional protections offered by the First Amendment that allow these issues to be canvassed.

The Peaceful Pill eHandbook draws on many, many years of scientific research and political advocacy in the fields of Assisted Suicide, Voluntary Assisted Dying and Voluntary Euthanasia. Since the *eHandbook's* initial publication in 2008, it has become the leading authority on peaceful and reliable end of life choices.

Acknowledgements

The Peaceful Pill eHandbook could not have been written without the support of many people. First to thank are the many Exit members and *PPeH* subscribers who have contributed their expertise, ideas and travel stories. This is truly a joint effort.

Dr Philip Nitschke & Dr Fiona Stewart

A Word of Caution

This book *is* intended for Seniors and people who are seriously ill (and their families). This book is *not* intended for young people or anyone suffering from psychiatric illness or depression. As authors we acknowledge that there is a small risk that this book may be misused by people for whom this information is clearly not appropriate.

The risk that information of this nature may be misused was a fact acknowledged by the 'godfather' of the right-to-die movement, former British journalist, Derek Humphry. When Derek first published *Final Exit* in 1991 he was criticised for endangering suicidal teens the world over. However, as he would later point out, the suicide statistics failed to show the much talked about 'blip'. There has been no rise in the suicide rate. Providing people with information does not incite or encourage people to die. And this is a critical point.

Rather, reliable, accurate information empowers people to make informed decisions about their own end-of-life circumstances. Good information should not only prevent grim, horrible deaths of gunshot and hanging (the most common causes of suicide in the US, UK and Australia respectively) but it should allay fears. It is a paradox, perhaps. By equipping Seniors and those who are seriously ill, with knowledge that empowers and returns control, these same people are more likely to stop worrying and get on with living. Anecdotal evidence to this effect can be seen at each and every Exit meeting. Fears are addressed and participants feel back in control.

As authors, we ask that users of this *e*Book respect its integrity and intended audience. Seniors, the elderly and people who are seriously ill must have access to accurate information that enables informed decision-making. Ignorance is dangerous.

It is a basic human right to live and die with dignity. *The Peaceful Pill eHandbook* is our contribution to ensuring that your passing will be as proud and strong as your living.

If you feel you need counselling, please contact the following organisations:

USA:	Suicide Prevention Hotline - 1 800 273 8255
UK	The Samaritans on - 08457 90 90 90
Australia	Lifeline on - 13 11 14
New Zealand	Lifeline on - 0508 828 865
Canada	The Life Line on - 1 800 668 6868

Other countries hotlines can be found at:
http://www.suicide.org/international-suicide-hotlines.html

Tips for Use

Navigation

The Peaceful Pill eHandbook breaks new ground in online publishing. Part-book & part-video, the Yudu technology platform of the *Peaceful Pill eHandbook* allows users to Turn the Page with a swoosh or by the arrows at either side of the page.

Notepad

A notepad function is located in top menu bar, allowing users can make notes as you go. The notes are stored as yellow page icons at various places in the text.

Bookmarks

A bookmark feature can also be found in the top menu bar. This allows pages to be marked for future reference.

Index

The traditional Index has been replaced by a search box function in the top menu bar. This does away with the need for page numbers. When page numbers are quoted, they refer to the page counter at the center top of the digital display.

Magnification

If your eyesight is failing, you can click on the *eHandbook's* built-in magnifying glass that allows the user to zoom and reposition text on the screen with amazing customability. Or use your mouse or touchpad for the same effect.

Multimedia

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Access for all Devices

The eHandbook can be accessed across all platforms, including PCs and Mac, laptops as well as Android tablets, iPads and iPhones. No special software is required.

Printing

The *eHandbook* can be printed page by page or as groups of pages using Chrome. See the FAQ page on the website for further details.

As they now say in the world of online books -
READ IT, WATCH IT!

Introduction

Developing an End of Life Plan

People make end of life plans for all sorts of reasons. Some people say they don't want to ever move into a nursing or care home. Others are terrified of a drawn-out, undignified death from a virus such as COVID-19. Most of us are aware that as we are living longer than our parents' and grandparents' generations, that this longevity brings its own set of problems. Some older people say they have simply 'completed' all that they wanted to do and that now is the time to go.

The reasons that lead an elderly person or someone who is seriously ill to seek information about their end-of-life choices are many and varied. All are intensely personal. Rewriting the ways in which society can plan for and experience death and dying is the challenge of our time.

The development of an end of life plan is one small step that all of us can take to protect those we love from the ravages of the law. While most of us will never use our plan, we can all draw comfort in knowing that if things ever become too painful or undignified (especially in the context of serious illness and age), we will have a plan in place that will allow us to maintain our dignity and our independence.

The Wonders of Modern Medicine

In any discussion of end of life issues the role of modern medicine is paramount. While no one can be critical of the huge advances in medical science over recent decades - improving beyond measure the length and quality of our lives – there is also a flip side. In contrast to previous generations, we are now far more likely to die of slower, debilitating conditions that are associated with old age and illness. Yet we are also more likely to be kept alive through an increasingly sophisticated array of medical technologies.

A longer life can be a wonderful thing, but should we be forced to live on, if we come to a point where we have simply had enough? Surely the act of balancing one's quality of life against the struggle of daily living in our later years or in illness, should be each individual to arbitrate.

Our Ageing Population

A century ago when life expectancy was approximately 25 years less than it is today, few people had the opportunity to reflect on how they might die. Then people were much more likely to die quickly with little warning. For example, one hundred years ago infectious disease was common. People considered themselves lucky if they were still alive in their mid 50s. The widespread introduction of public health measures such as sewerage, water reticulation, good housing, and of course the introduction of modern antibiotics have all played a part in greatly reducing the toll of infectious disease.

In modern times, those living in the developed west have a life expectancy of 75 to 80 years. Now in industrialised countries, we will be more likely to experience diseases and disabilities that were rare in earlier times. While old age is not in itself predictive of serious physical illness, the gradual deterioration of one's body with age leads to an almost inevitable decline in a person's quality of life.

This is why we see the issue of control in dying as being an increasingly common concern for many elderly people. Exit's workshop program is often booked out months ahead as elderly folk seek answers to their practical questions about their end of life options. Although few who attend these workshops have any intention of dying in the near future, most see a need to organise and plan for this inevitable event.

Just as many of us plan for other aspects associated with dying (eg. we write a will, appoint executors, prepay for funerals etc.), so it is common sense to ensure that we have a plan about how we might wish to die. Yet to be in a position to plan for one's death, one must first know one's options. And that means information.

The Question of Suicide

Anyone who makes plans for their own death can be said to be planning their own suicide. While for some people suicide is a tainted concept, for a growing number of older people it is an issue of great interest and discussion. In this context, suicide is a way out of a life that an individual might consider is not worth living.

People who come to Exit workshops are well aware of the importance of making that ultimate of decisions, the decision to die. They are all acutely aware of the need to get it right. In this Chapter, we examine the phenomenon of suicide in the context of the modern life course, and why access to the best in end of life information is so important.

A Brief History of Suicide

Over the years, the way in which society views the taking of one's own life has varied enormously. Suicide has not always been seen as the act of a sick and depressed person. In ancient Greece, Athenian magistrates kept a supply of poison for anyone who wanted to die. You just needed official permission. For the Stoics of ancient times, suicide was considered an appropriate response, if the problems of pain, grave illness or physical abnormalities became too great.

With the rise of Christianity, however, suicide came to be viewed as a sin (a violation of the sixth commandment). As Lisa Lieberman writes in her book *Leaving You*, all of a sudden 'the Roman ideal of heroic individualism' was replaced 'with a platonic concept of submission to divine authority'.

It was Christianity that changed society's view of suicide from the act of a responsible person, to an infringement upon the rights of God. One's death became a matter of God's will, not one's own and it was at this point that penalties were first established for those who attempted suicide. If the suicide was successful, it was the family of the offender who were punished with fines and social disgrace.

With the emergence of modern medicine in the 19th Century, the meaning of suicide changed again and it is this understanding that prevails today. Suicide is now generally thought of as an illness. If a person wants to end their life, then they must be sick (psychiatric illness, with depression the usual diagnosis). The appropriate response, therefore, is medical treatment (in the form of psychiatric counselling and/or anti-depressant medications).

At Exit International, we question the view of suicide that automatically links a person's decision to die to depression and mental illness. Are we seriously postulating that the suicide bombers of the Middle East are depressed? Rather, the act of suicide must be seen as context dependent.

For example, a person who is very elderly and who is seeing friends die around them on a weekly basis and who must be wondering 'am I next?' is going to have a very different outlook on dying than the young person who has their whole life in front of them. Likewise, when serious illness is present. A person's attitude towards death must be understood in the context of that person's situation.

In Oregon for example, where physician-assisted suicide (PAS) is legal, symptoms of depression have been found in 20 per cent of patients who request PAS (Battle, 2003). More generally studies find that people who suicide have 'an associated or contributory diagnosis of a mental disorder'. At Exit, we suggest that feelings of sadness (as opposed to clinical depression) are a normal response to a diagnosis of a serious illness.

You don't need to a degree is psychiatry to understand that this might be a normal response to an extraordinary situation. To assume that suicide amongst the elderly or people who are

seriously ill is, necessarily, the result of depression or other psychiatric illness, is to adopt a biomedical way of seeing the world. People's decision-making about when and how to die is more nuanced than this.

Suicide & Depression

The link between suicide and depression remains a vexed issue with m/billions of dollars in government funding devoted to raising the community's awareness of suicide, especially amongst the young and some minority groups (eg. veterans). And there can be no doubt. People who suffer from clinical depression are clearly at risk of suicide. Severe depressive states can rob a person of an ability to make rational decisions. These people need care and treatment until they are able to resume control. Yet illness of this severity is not common and needs to be distinguished from a larger group of people within society who show occasional signs of depression, but who remain in full control of their decision-making abilities.

There is a significant difference between a person having moments of feeling down or having a transitory feeling that their life has lost purpose and the person who has severe clinical depression, where even the most basic daily decisions of life are problematic.

An elderly or seriously ill person's desire to formulate an end of life plan reflects an rational, organised and self-determined intention. Being organised and pragmatic about one's end of life is not a psychiatric illness.

End of Life Decisions & the Role of Palliative Care

Critics of Assisted Suicide often argue that if palliative care is available and of good enough standard, patients will never need ask for assistance to die. This is untrue, but to understand the claim, one needs to look at the background of the palliative care speciality.

Palliative care was the first branch of medicine to shift the focus away from 'cure at all costs' and to focus instead upon the treatment and management of symptoms (for people who have a life-threatening illness). In this sense, palliative care's aim has never been 'cure'. Rather, palliative medicine is about symptom control. It is about improving the quality of life of those who are seriously ill and dying.

To date, palliative care has been most successful in the treatment of pain. Indeed, it is often claimed - perhaps exaggeratedly - that palliative care can successfully address pain in 95 per cent of all cases. What is much less spoken about is the speciality's limited ability to alleviate some other common symptoms of serious disease; symptoms such as weakness, breathlessness or nausea. Or, quite simply to guarantee a good death.

No where can the shortcomings of palliative care be more obvious than in the tragic death in August 2008 of 31 year old writer, Angelique Flowers. At the age of 15 years, Angelique was diagnosed with painful Crohn's Disease. On 9 May 2008, shortly before her 31st birthday she was diagnosed with Stage 4 colon cancer.

As Angelique said, in one of the several videos she made in the weeks leading up to her death, there is no Stage 5. At Stage 4 and upon diagnosis, the cancer had already spread to her liver and

Angelique Flowers at Oscar Wilde's grave at Pere Lachaise cemetery in Paris in 2006.

ovaries. Angie's doctors told her then, her days were numbered. They also told her that there would be very little they could do to ensure that her death was pain-free and dignified.

As history now tells Angelique's story, this courageous, clever, beautiful young woman died in the most difficult and unpleasant way. As a young palliative care patient she received the best that modern medicine can provide, and that money can buy. Despite some hiccups, Angelique's pain control was described as reasonable. What was not so good and what the law prevents medicine from addressing, was her death.

Angelique Flowers wanted control over her death. Because she knew her death could come fast and it was unlikely to be peaceful. As it happened, Angelique died vomiting up faecal matter after experiencing an acute bowel blockage. Just as her doctors had warned, her death was simply awful. They had told her that it could be shocking, and it was. Her brother Damian held her in his arms through this awful ordeal.

Video: ***Angelique's Letter to the Prime Miniter***

Video: ***Angelique's Pleas for Nembutal on YouTube***

This young woman had been terrified of this possibility which is why she put out a call for Nembutal, on the Internet. Successful at obtaining Nembutal, because of the law she kept the drug hidden at her parents' home. When the bowel blockage occurred, Angelique was in the hospice yet her Nembutal was at home. She lost her chance to take control.

Shortly before she died, Angie made a video diary. In it she pleaded with Australia's Prime Minister, Kevin Rudd, to once again, legalise voluntary euthanasia in Australia. Angelique's tragic story shows many things, including why a modern, civilised society needs the best palliative care and voluntary euthanasia/ assisted suicide. Her story is told in the feature documentary '35 Letters' which won the 2015 Sydney Film Festival.

See: *https://www.youtube.com/watch?v=5DqXGLwmJsc*

At Exit, we are frequently approached by people who tell us that their palliative care is the best. But, like Angelique, they still wish to be in control of their death. They say that while they might not be in pain right now, the quality of their life is nonetheless seriously affected by their illness. They know that there is often nothing that modern palliative medicine can do about it.

Some of these people are so weak that they cannot move unassisted. Others have shortness of breath which makes independent living impossible. For a significant number of people, it is non-medical issues that have most impact upon the quality of their life.

One memorable case concerned a middle aged man called Bob. Bob was suffering from lung cancer. He was incredibly sad that his favourite past time - a round of gold with his mates - was no longer possible. This person was clear. It was his frustration at being house-bound and dependent on visits from friends and family, rather than the physical symptoms of the cancer, that made him choose an elective death.

Palliative care is not a universal panacea. While this branch of medicine does have a valuable contribution to make, especially in the field of pain control, it is unhelpful to use symptom management as the benchmark against which a person's quality of life is measured.

Rather, people rate their quality of life in different ways with no two individuals' assessment the same. While a life without pain is clearly better than a life with pain, this is not always the most important issue. Instead it is that person's own complex assessment of their life's worth that is the key. The physical symptoms of an illness are often only one of many considerations.

The Tired of Life Phenomenon

Over the past decade, a new trend has begun to emerge; one that has reinforced Exit's approach. Increasingly at our meetings, we see elderly people who are fit and healthy (for their age), but for whom life has become increasingly burdensome. Such people are not depressed. Rather, the sentiment expressed is that 'I have lived enough of the good life and now it's time to go.' The actions of Australian couple, Sidney and Marjorie Croft, explain this phenomenon well.

In 2002, the Crofts sent Exit International their suicide note explaining why they had decided to go together. Exit had no prior knowledge of the couple's plans. We knew only that they had attended several Exit workshops where they sat at the back, holding hands and asking questions.

The Crofts did not need to write this note yet they wanted us to understand. And in return they asked for our respect.

To Whom it May Concern

Please don't condemn us, or feel badly of us for what we have done.

We have thought clearly of this for a long time and it has taken a long time to get the drugs needed.

We are in our late 80s and 90 is on the horizon. At this stage, would it be wrong to expect no deterioration in our health? More importantly, would our mental state be bright and alert?

In 1974 we both lost our partners whom we loved very dearly. For two and a half years Marjorie became a recluse with her grief, and Sid became an alcoholic. We would not like to go through that traumatic experience again. Hence we decided we wanted to go together.

We have no children and no one to consider.

We have left instructions that we be cremated and that our ashes be mixed together. We feel that way, we will be together forever.

Please don't feel sad, or grieve for us. But feel glad in your heart as we do.

Sidney and Marjorie Croft

The Crofts are the private face of an increasingly common sentiment among a minority of older people; that is that a good life should be able to be brought to an end with a good death, when and if a person so wishes. To suggest, as many in the medical profession have done, that the Crofts were 'depressed' is to trivialise and patronise them for their actions.

Another person who evoked this 'tired of life' phenomenon was retired French academic, Lisette Nigot. In 2002, Lisette Nigot also took her own life, consuming lethal drugs she had stockpiled over the years. Lisette's reason for dying? She said she did not want to turn 80.

Lisette Nigot insisted that she had led a good and full life. She said she had always known that she would not want to become 'too old.' 'I do not take to old age very well' she told film-maker Janine Hosking whose feature documentary *Mademoiselle and the Doctor* traced the last months of her life.

In 2002, shortly before her 80th birthday, Lisette Nigot ended her life. Intelligent and lucid to the end, Lisette knew her own mind. A fiercely independent woman, it is not surprising that she expected control in her dying, just as she had in her own life. In *Mademoiselle and the Doctor* she explained:

> *'I don't like the deterioration of my body ... I don't like not being able to do the things I used to be able to do ... and I don't like the discrepancy there is between the mind which remains what it always was, and the body which is sort of physically deteriorating.*
>
> *Perhaps my mind will go and I would hate that. And certainly my body will go and I wouldn't be very happy with that either. So I might as well go while the going is good'.*

When details of the Croft's and Lisette Nigot's death were made public, many tried to medicalise their situations. An assortment of diseases and conditions were suggested as reasons for their decision to end their lives. Underpinning all of this was the belief that 'well' people do not take their own life.

Mademoiselle Lisette Nigot

At Exit we do not encourage anyone, sick or well, to take their own life. We do, however, believe that a decision to end one's life can be rational. Such a decision can occur just as much in the context of age as in the context of serious suffering and disease. This is why all elderly people should have access to reliable end of life information; information which is critical if mistakes are to be prevented.

Conclusion

If one is to suggest that the elderly and seriously ill have the right - for good and sound reasons - to end their lives earlier than nature would have it, then the provision of accurate, up-to-date information is an important first step.

People want to know how to end their lives peacefully, reliably and with dignity. Most people know that they may never use this information. All are comforted, however, in knowing that if things 'turn bad' as they put it, they have a plan in place.

Remember, suicide is legal, yet assisting a suicide is illegal. This is why everyone should develop an end of life plan. An end of life plan will keep one's family and loved ones safe from the law. An end of life plan is the responsible thing to do.

Video: *Introduction*

Video: *The role of providing information*

Video: *'Going Together'*
The suicide note of Syd & Margorie Croft

Video: *'Mademoiselle and the Doctor' Film Trailer*

Dying & the Law

Definitions & Terminology
The Limits of the Law at the end of life
Falling Foul of Assisted Suicide Laws
Legislating for the End of Life
End of Life Care & Advance Health Directives
Advance Directives, Agents & Covid-19

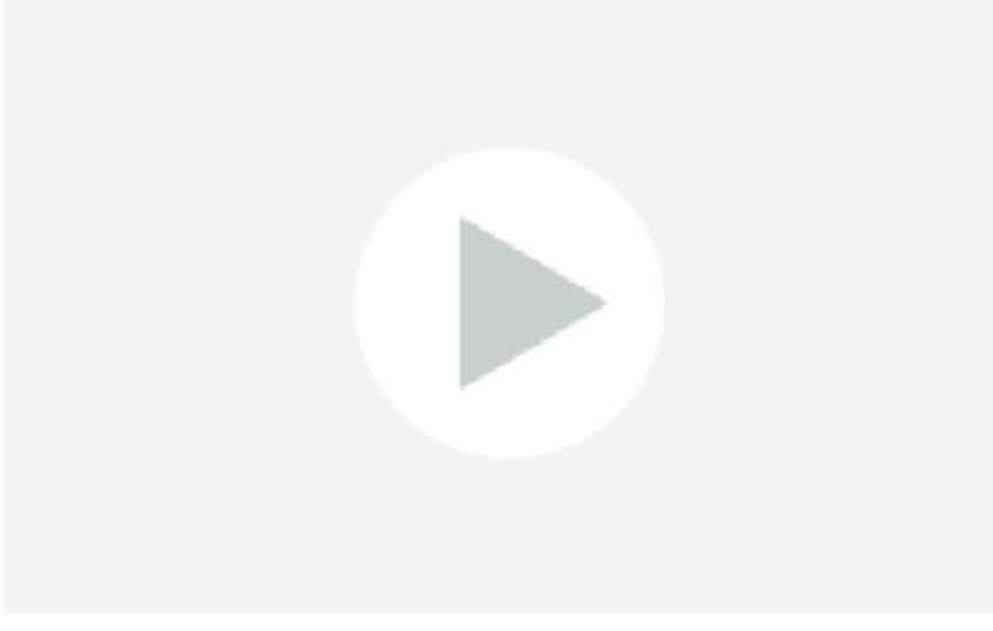
Introduction

In most western countries, assisted suicide/ voluntary assisted dying remain illegal. Generally speaking, no one can help another person to die, no matter their intention. Furthermore, even in places where there is end of life legislation, the person providing the assistance must be a medical doctor. Only in Switzerland can someone other than a physician assist another to die. In Switzerland alone, the determination of illegality depends on the motives of the person who provides the assistance.

There is no other example in modern western law where it is illegal to help someone to do something which is legal. And it is not just a little bit illegal to help someone to die. Again, generally speaking, the State has little tolerance for this type of behaviour. In some Scandinavian countries (where there is no statute that criminalises assisted suicide), helping someone to die can be prosecuted as manslaughter, or even murder (*https://bit.ly/rtdsweden*).

The Law of Suicide & Assisted Suicide

The Anomaly of Suicide and Assisting



This is why any person who chooses to be involved in the death of another - however tangentially and for whatever reason – needs to be very careful. This is especially true when friends and family are involved and the imperative to do the loving thing, may not equate with a legal obligation to the 'right' thing.

Definitions & Terminology

The history of the right to die movement is remarkable for its ever-changing vocabulary. Whereas a decade ago, phrases such as voluntary euthanasia and assisted suicide were used to describe all types of help to die, in these more nuanced, political times, the words we use have been 'toned down' with phrases such as voluntary assisted dying (VAD) and medical aid in dying (MAID) entering common parlance.

Voluntary euthanasia (from the Greek meaning 'a good death') is the term used to describe the situation when a medical professional might administer to a patient a lethal injection. Voluntary euthanasia is legal in countries such as the Netherlands, Belgium and Luxembourg. Interestingly, as early 2001, a British House of Lords select committee on medical ethics defined euthanasia more broadly as a 'deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering' (*https://bit.ly/3c943n3*). Readers can see the confusion that exists.

By contrast, Physician Assisted Suicide (PAS) or Medical Aid in Dying (MAID) are generally the terms that describe when a medical professional prescribes, but does not administer, a lethal drug to a patient. A small number of US states, Canada and the Australian states of Victoria and West Australia permit some form of PAS or MAID.

If we drop the descriptors and the term is simply 'Assisted Suicide' we are describing the situation in Switzerland where anyone can help someone else to die, as long as their motives are 'not selfish' (altruistic).

Generally speaking, 'assisted suicide' is legally defined as 'advising,' 'counselling' or 'assisting' a person to end their life. Sometimes the words 'aid and abet' are also used. In most countries assisting a suicide carries severe legal penalties.

In the US, the penalties for assisted suicide also vary from state to state with assisting a suicide illegal in just over half of all states. Those where it is not 'on the statue books', the offence is prosecuted as manslaughter or even murder. This is similar to the Scandinavian countries. In Australia, penalties for assisting a suicide range from 5 years to life imprisonment, depending upon the state.

In Britain (and Canada) the penalty for assisting is up to 14 years jail. Following a successful campaign by UK MS sufferer Debbie Purdy to seek clarification of the law, in 2009 the then Director of Public Prosecutions, Keir Starmer (now leader of the British Labour Party), issued clarifying guidelines (*https://www.cps.gov.uk/publication/assisted-suicide*).

In March 1999 in Michigan, dying with dignity pioneer, Dr Jack Kevorkian, was convicted of second-degree murder and sentenced to 10 to 25 years jail. He was found guilty of helping his terminally ill patient, Thomas Youk, to die.

Falling Foul of Assisted Suicide Laws

A significant grey area continues to exist regarding assisted suicide laws, with courts and lawyers unable to give clear and concise answers of what's illegal and what's not. As a result, well-intentioned people fall foul of the law.

In 2015 for example, the Irish authorities prosecuted 43-year old Dublin woman, Gail O'Rorke, for attempting to buy her friend, MS sufferer Bernadette Forde, a one-way ticket to Switzerland (for an assisted suicide at a clinic there). The public prosecutor argued that this was an act of suicide assistance. Gail would be the first person ever to be charged with assisting a suicide in Ireland. Fortunately, the jury in Dublin's Criminal Court disagreed with the prosecution, and Gail was found 'not guilty'. However, the State had made its point.

The authorities can be keen to prosecute those who seek to help others to die, regardless of how honourable their motives may be. Gail's trial was reported at: *http://bit.ly/IrishNewsInterview* Her acquittal was reported at: *https://bit.ly/gailacquittal*

Gail O'Rorke has since written a book detailing her experience at the hands of the Irish criminal justice system, *Crime or Compassion? One woman's story of a loving friendship that knew no bounds* (Hatchett Books).

See: *https://bit.ly/gailbook*

Lessons from the Trial of Suzy Austen

In 2018 on the other side of the world, another woman was charged with assisting a suicide. Exit's Wellington Coordinator, Suzy Austen, was tried for assisting the suicide of fellow Exit member Annemarie Treadwell in New Zealand's High Court. Annemarie was 77 years old and suffered from increasingly painful arthritis. She had also suffered for over 20 years from depression (especially during winter).

While the jury in Suzy's trial ultimately found her 'not guilty', the case was important because it produced 'take-home messages' that it would be foolish to ignore.

Note: Suzy was also charged with importing Nembutal into NZ using a variety of methods and on several occasions. Suzy was found guilty of these latter offences.

By way of background, Suzy's trial came about because an autopsy of Annemarie Treadwell revealed she had drunk a lethal dose of Nembutal. While Annemarie looked like an elderly woman who had had died peacefully in her sleep, the toxicology report said otherwise. And this is where the trouble started for Suzy Austen as Annemarie, it was discovered, had left a diary.

In this record of her life, Annemarie not only detailed her end of life plans, she mentioned certain people by name. Furthermore, she mentioned the importance of not implicating them in her suicide. In writing in her diary, however, Annemarie implicated Suzy Austen in her plans.

Lesson No 1 - Don't leave a diary

It was Annemarie's daughter, Veronica, who found her mother's diary in the bedside drawer. On discovery, she innocently handed

it to the Police. This act would set in train a series of events that few could have foreseen. The authorities were tipped off and Suzy was in for a rocky ride as her emails and phone calls were intercepted and her home was bugged.

Unaware that she was now 'under surveillance' by the Police, Suzy Austen carried on her volunteer work with Exit: holding meetings and talking to members on the phone and by email. All the while Police were gathering evidence that they would later use in court against her.

What Suzy did not know - and perhaps what no one could have imagined - was that the Police had launched an undercover investigation called 'Operation Painter'. This covert operation achieved legend status when it mounted a fake alcohol check point - not to test for drink driving - but to gather the names and addresses of the Exit members attending a Sunday lunch at Suzy Austen's home. See: *http://bit.ly/OpPainter*

Suzy Austen speaking outside court after her acquittal

The NZ Privacy Commissioner would subsequently find that the check-point breached the privacy of the Exit members at the lunch. The Police Independent Conduct Authority would rule the check-point illegal. See: *http://bit.ly/NZHeraldReport*

Lesson No 2 - Only use encrypted email such as Protonmail. As we all know, open email is akin to a noticeboard. Its contents are there for general consumption. Email is not a confidential means of communication. Only encrypted email is private. However, even a provider may be subpoenaed by a court to provide email records to a court. Sometimes it's best not to put anything incriminating in writing.

Lesson No 3 - Your phone is definitely *not* the best means of communication if you are talking about legally sensitive issues. If you need to speak about something delicate, the very least you should do to protect your privacy is use a secure app such as 'Signal' on your phone.

Lesson No 4 - Sensitive conversation? Meet in person in a public place. In terms of having your house bugged, it is by far safest to talk about sensitive issues at a local cafe or shopping mall. Somewhere that cannot be bugged (at least not easily).

Other actions undertaken by the Police in the months prior to Suzy being charged included Police visits (known as 'wellness checks') to Exit members in the Wellington area. Some of the Exit members who were visited by the Police were convinced to hand over their private stash of Nembutal. While some initially refused arguing why should they part with their 'safety net', in other cases the shock of the visit was enough to scare people into 'fessing up'. In all cases, the Police wellness checks caused considerable stress and anxiety.

Laws Around the World

Lesson No 5 - If the Police come calling and they don't have a warrant (or other legal grounds) to gain entry to your home, you don't have to let them in. Stand your ground! You never know what they will find or convince you to say.

Turning our attention to Suzy's movements, the NZ Police knew all about Suzy's planned trip to the UK to attend a wedding. And they knew that she was planning on bringing Nembutal back with her as a result of a stop-over in Hong Kong. Inspecting her luggage on her return to New Zealand was an obvious next step. There are some more important points worth noting here.

In order to catch Suzy 'red-handed' in importing Nembutal, the senior investigating officer in the Wellington Police flew to Auckland Airport to greet Suzy's plane (and luggage), unbeknownst to her. Working with three Customs officers, the officer searched Suzy and her husband Mike's luggage before it came out on the baggage carousel.

Suzy said that she had wondered at the time why their bags took so long to appear, given they were flying 'priority' (when bags usually come off first). Now she knows. The authorities were busy behind the scenes, doing what is known in the trade as a 'covert' search. On this occasion, the Police and Customs officers found no drugs in Suzy and Mike's luggage.

Lesson No 6 - If your bags come out last on the baggage claim at the airport, you can assume they have been searched and it might be time to ask questions about what could be going on.

The Arrest of the Decade?

Suzy's trial in Wellington's High Court made front page news throughout its 2-week duration. After all, it's not every day that Police resources are devoted so generously and so widely to a year-long sting operation of this nature. So how did it all happen?

Suzy Austen was arrested while sitting in her car in a suburban Wellington park. She was wearing rubber gloves and was intercepted as she divided up a pile of white Nembutal powder from China. Suzy's accomplice on the day was 86-year-old fellow Exit Member, Beverley Hurrelle.

Unlike Suzy, Bev would not be charged with drug offences. The court heard that the reason for Bev not being charged was her advanced age and 'some kind of dementia'. While Beverley has long suffered from macular degeneration, and has significantly impaired sight as a result, she remains as sharp as a tack.

Bev Hurrelle - waiting for Suzy Austen's Verdict

The value judgements of the Police about Bev are ridiculous. Perhaps they stemmed from the relative youth of the officers involved. Perhaps the officers of Operation Painter had other motives (ie. they took pity on poor 'blind' Bev). Regardless of their reasons, Police discretion is a powerful factor in how the criminal justice system operates. Nowhere is this more obvious than in Suzy Austen's experience.

Lesson No 7 - If you find yourself the object of Police interest, perhaps play the age and dementia cards. You never know, you might get lucky like Bev Hurrelle.

The Take-Away?

So what was it about Suzy's involvement with Annemarie Treadwell that led the jury to find her 'not guilty'? Legally speaking, to be convicted Suzy would need to have done something that she knew was going to enable Annemarie to suicide. And Suzy would have had to have intended her action to be received in that way.

This would require an intimate knowledge of Annemarie's plans, including knowledge of the day, manner and circumstances of her suicide. And the jury would have needed to believe this chain of events 'beyond reasonable doubt'. As it was, the jury found that while Suzy had provided Nembutal to Annemarie they did not believe that Suzy had sufficient knowledge of Annemarie's actual plans.

The one defence witness that was called was an academic expert in the area of palliative care, Professor Glynn Owens. In his written statement to the court, the Professor said that access to end of life drugs can provide people with 'peace of mind and

lessen pain and suffering'. While he was speaking in the context of palliative care patients, the point is a good one.

For an older person, simply having Nembutal at home in the cupboard 'just in case' or as an 'insurance policy for the future' is a great comfort. And this is what Suzy Austen has always said of Annemarie. Any assistance she may have rendered was so that Annemarie felt back in control and reassured.

Legislating for the End of Life

Over the years, legislation has attempted to bring clarity and order to the issue of assisted suicide. By defining the class of person who can be helped to die (the terminally ill) and by stipulating the manner in which this help can be provided (a lethal drug prescribed by a doctor), laws aim to provide guidance via their uniformity and equity.

However, despite more than 20 years of law-making around the world, remarkably little has changed. For example, a person must be 'terminally ill' or have 'unrelievable suffering' to qualify for help under most laws. This means that strict criteria must be satisfied before a person can ask a doctor for help to die. Even in the Netherlands - arguably a world leader on the issue - eligibility is tightly controlled (which leads many people miss out). And the process of qualification can be arduous.

In Australia in 1996, a terminally ill person had to obtain two medical opinions, a palliative care review and a psychiatric consultation before they could qualify to use *The Rights of the Terminally Ill Act*. In practice, this meant that very sick people had to jump through hoops in order to qualify to use the *ROTI* law.

In the course of Philip Nitschke's involvement with this law, it quickly became apparent that none of his four patients would have used the law had they had a 'Peaceful Pill' at home in the cupboard. Why would you subject yourself to a compulsory psychiatric examination, if you already had the means to a peaceful, dignified death? You would simply wait till the time was right and then take the Pill from your cupboard at home. The very laws that are supposed to empower sick people can end up doing the exact opposite: denying an individual control when it counts most.

And then there are those people who will never qualify for an assisted suicide. Frailty from old age and a feeling that one's life is now 'completed' is a quite different thing to having terminal cancer. Unless the criteria of 'completed life' or 'tired of life' is included in an assisted suicide law, there can be no lawful assistance.

Finally, while some people may wish to involve the medical profession in their deaths, many others do not. Our point at Exit is that death need not be a medical event. Indeed it should not be assumed that the medical profession is best placed for the role of arbiter at all: why should doctors (and not people themselves) decide who gets the right to die with dignity, and who does not?

(An extensive discussion of Exit's philosophy of death and dying can be found in *Killing Me Softly: Voluntary Euthanasia and the Road to the Peaceful Pill* (Penguin, 2005) (and available on Amazon).

http://bit.ly/1eVogzs

End of Life Care & Advance Health Directives

In contrast to limited assisted suicide laws around the world, advance health care planning is an area that has been broadly and widely legislated. Most western countries now possess some form of laws (or guidelines) that regulate the provision of medical treatment and care when a person can no longer advocate on their own behalf.

Accompanying such laws are other legal mechanisms that enable a person who is comatose, unconscious and unable to express their wishes to have previously appointed an advocate, health care proxy, agent or enduring guardian. This person is legally empowered to ensure that a person's advance directive document (and wishes) are respected and implemented as needs be.

In many ways it can be more important to empower a live human being to advocate on your behalf, than relying on a passive written document. We all have heard of horror stories where medical staff have accidentally overlooked (or deliberately ignored) a person's advance directive. Sometimes heroic medicine knows no bounds. In times like this a talking, walking advocate may be especially helpful.

But, then again, you don't want to appoint an agent, advocate, proxy etc. if that person is likely to fold against medical pressure to continue treatment. Or, conversely, hold out for treatment (that you yourself would never have approved of) when the doctors are saying it would be all but futile. This is truly an area where the more plans and precautions that can be put in place the better, as the outcome can be a matter of life and death.

What is an Advance Health Directive?

As this area of law-making is jurisdiction-specific (it matters where you live in terms of the laws that apply to you), this section is written in general terms.

An advance health directive (living will, medical directive are other terms), is a legal document that spells out one's end of life care wishes should a person become incapacitated and unable to speak for oneself. It is important to understand that a directive of this nature only comes into effect when you can no longer communicate your wishes. In countries other than the Netherlands and Belgium, an advance directive never allows for medical professional to provide euthanasia or active assistance to die.

Advance care planning decisions can apply to medical treatment options such as CPR (cardiopulmonary resuscitation), the use of a ventilator (commonly known as being 'on life support') and artificial nutrition and hydration (feeding tubes and IV fluids). In the US, the term 'comfort care' is also used. This 'catch-all' refers to everything else that might be done to 'make

you comfortable' and which can include medication for pain, anxiety, nausea, or constipation, limiting medical testing and providing (or not) spiritual and emotional counselling (see: *https://bit.ly/2yNvjZT*).

Other issues that can be considered in an advance directive include DNR directives, organ and tissue donation wishes and, in some jurisdictions, physician or medical 'life sustaining treatment orders'. These orders are complementary to an existing advance health directives in that they give medical staff the direct authority and responsibility to provide or withhold certain types of treatment in an emergency situation. This might be especially important in relation to COVID-19 where 'normal' sustaining end of life treatment may be likely to be futile.

Formwork, Registration & National Registries

As is perhaps to be expected in such a highly-evolved area of the law, advance health directives are normally completed using an official form or template. Forms can be obtained from local government agencies or advocacy groups. A quick search of the Internet will serve you well providing the appropriate form in your particular jurisdiction.

Once completed, there is the issue of whether or not your form needs formal witnessing. Should you take the directive to your regular doctor (if you have one). And does it need to be submitted to a central government registry? Or is there a private company that offers a similar service? Is there anyone else that you should give your form to? These are all jurisdiction-specific questions that we can raise in principal, but leave unanswered in this chapter other than to add the following.

Exit is often contacted by members wanting to provide us with a copy of their advance directive. While we appreciate the link between the activities of Exit and one's end of life wishes, it probably makes better sense to give the form to those most likely to be with you in your hour of need. It is common sense to inform your family and friends of your advance directive and its contents (including where in your papers to find it), especially if you have given them the added powers of being your guardian, proxy or advocate.

Finally, it is a good idea to review your advance directive periodically. The closer one gets to the end of life so more fine-tuned one's wishes and vision for the future may become. As with any legal document (eg. your will), your wishes may change over time. It is commonsense to make such changes known in writing by ensuring they are in your advance directive: given the legal force that the document can provide (assuming it is respected as it should be).

Advance Health Directives, Agents & COVID-19

In early 2020 there emerged a virus called COVID-19. The global statistics show that this is a disease that disproportionately affects the elderly, those with compromised immune systems and other 'underlying conditions' such as lung disease, hypertension and associated cardiac conditions to name a few.

In the first few months of 2020, Exit experienced a marked increase in readers subscribing to this book out of concern for their own vulnerability to COVID. The virus has changed the world that we once knew forever. Concepts such as social distancing, lockdown, viral load and so on are now common parlance. No one will ever forget the year that our lives changed so irrevocably.

Given the seriousness of the pandemic, important questions arise in regard to end of life planning, especially given the average age of readers of this book (75 years). The importance of having an up-to-date advance directive document and appointing an agent or proxy has really been brought home. In a March 2020 opinion article in *The Globe and Mail*, Toronto intensive care doctor, Gordon Rubenfeld, wrote:

> *If you do not talk with them about this now, you may have to have a much more difficult conversation with me later ...* (see: *https://bit.ly/rubenfeld*).

Rubenfeld's point was the importance of letting your friends and family know the type of care that you would want if you found yourself in ICU with coronavirus. But he was not only talking about the various end of life care wishes of individual patients. 'That' he said, was all part of a 'typical week' for him.

What Rubenfeld was referring to was the onus on patients to be prepared (by way of advance directives, proxies etc.) in order to assist medical staff in the allocation of precious hospital resources. At the worst moments in the pandemic, ICU staff have had to triage patients. Who gets prompt treatment? The young or the old? In many countries during COVID, the demand for life support exceeded supply. Having your plans spelt out and your representatives in place is not only a smart thing to do, it could even be argued to be an ethical obligation in this time of great need.

But there is another incentive to getting one's house in order. There is a significant number of media reports that report a possible shift in medical treatment based on the notions of informed 'consent' to informed 'assent'. (The notion of 'informed assent' is alluded to our discussion of physician or medical life -sustaining treatment orders).

Informed assent refers to a situation where the medical staff assume blanket responsibility for end-of-life care decision-making. Rather than the permission to turn-off a ventilator being sought from the patient's agent, where informed assent is practised the medical professional has been hitherto empowered

prior to the emergency moment with the responsibility for the decisions that may be made.

In an article in the 27 March 2020 edition of the *Journal of the American Medical Association* (JAMA), it was noted that this can be beneficial as it allows a person's family to agree with the medical advice on offer: remembering that the doctors will be weighing up any number of factors, including who could benefit most from the precious use of the ventilator.

While some media reports have suggested that this is 'euthanasia by stealth', the cold hard facts are that limited health resources have often needed to be prioritised in ways that were previously unimaginable. For older people and those with the much-reported 'underlying conditions', COVID raises profound and confronting questions. While an advance directive and health proxy may be useful for those who want to take their chances with a hospital admission, for others the onset of COVID might signal something else: perhaps now is the time to go?

For those who reject the idea of a COVID hospital admission, the COVID chapter in the handbook is essential reading.

Conclusion

At Exit, a good death is considered a fundamental human right. Indeed, as our tagline says 'a peaceful death is everybody's right'. It is not only for the terminally ill. Whether this means electing to die at home by employing one of the methods outlined in this *Handbook* or embracing a hospital admission in the time of COVID, the underlying themes of the discussion of this Chapter are personal choice and individual responsibility.

None of us would want to expose a loved one to serious criminal charges for helping us get the good death that we wanted. It is our choice to be prepared for our death. And it is our responsibility to safeguard those we love in the process.

As Philip Nitschke says at every Exit workshop he has ever held: 'if you are well enough to attend today's workshop, you are well enough to get an Exit plan in place'.

Since COVID-19, the themes of choice and responsibility are all around us. Do we want to take our chances in hospital? Do we want fight to ensure we are allocated our fair share of the resources? Do we trust the system? The best we can do when we have precious few answers to our questions is to be prepared in every way we know how.

What is a Peaceful Pill?

Introduction

The Peaceful Pill is a pill or drink that provides a peaceful, pain-free death at a time of a person's individual choosing; a pill that is orally ingested and available to 'most' people.

Dr Philip Nitschke

It was the late Dutch Supreme Court Judge Huib Drion who first called for the introduction of a Pill. In an opinion editorial in the prominent Dutch newspaper, *NRC/Handelsblad*, Drion openly bemoaned the fact that while his doctor friends knew what to do and how to access the right drugs for a peaceful death, as a lawyer he did not.

Drion questioned the logic of why he, a retired judge, should not have the same ready access to a dignified death as his doctor friends. According to Drion, all people over a certain age should have the right to die at a time of their choosing. A pill, he argued, would confer this right.

Professor Huib Drion

Elderly and ailing people often realize that, at some time in the future, they could well find themselves in an unacceptable and unbearable situation, one that is worsening. A pill to end life at one's own discretion could alleviate some of their anxiety. Not a pill for now, but for the unforeseeable future so that the end can be humane (Huib Drion, Dikkers cited in Nitschke and Stewart, 2005)

Following Drion, Exit research has confirmed that a Peaceful Pill provides peace of mind for its seriously ill or elderly owner, giving that person a sense of control over their life and death. Unlike end of life laws that depend solely upon a person's state of health (or illness), Drion's 'universal model' has only one criteria, that of age.

Drion suggested that *all* people over the age of 65 years should have access to a Pill. While the age is arguable, the point remains the same. The 'Drion Pill' or 'Peaceful Pill' should be accessible to the seriously ill *as well as* the elderly.

The History of the Suicide Pill

The idea of a Peaceful Pill – that is, a lethal substance or liquid that can be orally ingested – is not new. In Athenian times, the herb Hemlock was the drug of choice for suicide and it was taken as a drink. The most famous Hemlock suicide was that of the Greek critical scholar, Socrates.

In more modern times, the chemical compound Cyanide has been widely employed as a suicide pill. One well known death from Cyanide was that of Spanish quadriplegic Ramon Sampedro.

In 1998, Sampedro ended his life by drinking cyanide that had been provided and prepared by his friends. The award-winning 2004 film *The Sea Inside* provides a remarkable account of his life and death.

For much of the 20th Century, cyanide was routinely issued to intelligence agents as part of their job. Hitler's head man in the SS and the Gestapo, Heinrich Himmler, escaped interrogation upon arrest by the British, by swallowing a capsule of cyanide.

Hermann Goering, head of the Luftwaffe, avoided the hangman by taking potassium cyanide the night before the planned execution. Where the purpose is to avoid interrogation and torture, speed of action is essential and cyanide fitted the bill.

The Best Peaceful Pill

Half a century on and it is pentobarbital (Nembutal) that is favoured as an ideal Peaceful Pill. Nembutal is a member of the barbiturate family of drugs that are made from the salts of barbituric acid. These active barbiturate salts have been used medically for many years, mainly as sedatives or sleeping tablets.

In the 1950s, for example, there were more than 20 marketed forms of barbiturate sleeping tablets. Early examples included Veronal, Amytal, Seconal, Soneryl, and, of course, Nembutal. Fifty years ago, Nembutal was a widely prescribed drug, recommended even to help babies sleep, and to calm aching teeth.

Over the last 30 years the barbiturates have slowly disappeared from the market. The fact that in overdose they caused death, either accidentally or deliberately, and the availability of newer, safer sleeping drugs has led to their decline. Nembutal was removed from most countries' prescribing schedules in the late 1990s.

Perceived Benefits of a Peaceful Pill

While there are any number of ways by which a seriously ill person can end their life, few of these methods meet our criteria of:

- reliable
- peaceful
- dignified.

In most western countries, hanging and gun shot remain the most common methods of suicide.

Yet few people would choose such means if they had any real choice. Most seriously ill or elderly people who are considering death, seek a method that is peaceful, dignified and pain free. Most commonly, this is expressed as, 'I simply want to go to sleep and die in my sleep.'

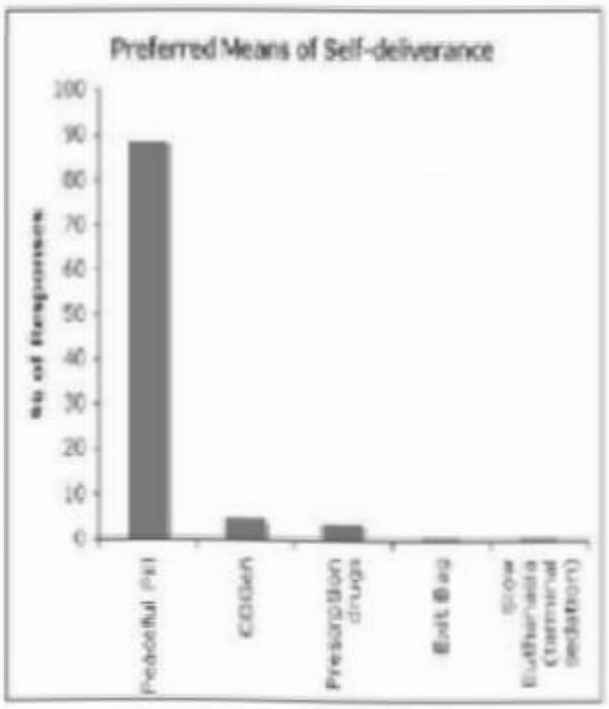


Fig 3.2: Survey of Exit Members
Methods of Self Deliverance

In 2004, Exit International undertook a major study of our supporters' attitudes to various methods of dignified dying (n=1163). What we found was a strong and significant preference for a Pill over all other methods. Indeed, 89% of respondents (average age 72 years) said that they would prefer to take a Pill than use a plastic Exit bag, a carbon monoxide generator (COGenie) or seek help from a doctor to provide them with 'slow euthanasia.'

A 'Pill' was defined as something that could be taken as a single oral dose (by mouth) in either tablet form or as a small drink.

The reasons behind the respondents' preferences became clear as more of the data set was examined. Most of those surveyed saw the Peaceful Pill as an important way of providing independence (91%). It was seen as an advantage if one did not have to depend on friends and family for assistance when the time came.

A Peaceful Pill was also seen to provide 'peace of mind' (90%), was reliable (88%) and, unlike the Exit Bag or the Carbon Monoxide Generator, the Pill was easy-to-administer (87%) since it required no equipment and no technical know-how.

In this way, the Peaceful Pill was seen as a method that was accessible and usable, even by the most frail.

Conclusion

Exit's survey revealed a strong preference for a reliable and effective Peaceful Pill.

This was seen as the best means of providing the option of a peaceful death at the time of one's choosing.

The remainder of this book focuses on the various forms a Peaceful Pill might take.

In providing this information we are following the agenda set by long-standing members of Exit International.

The Single Shot Peaceful Pill Project: Background

The Exit RPA Test

Many end of life options are discussed in this book and it can be a daunting project trying to distinguish or compare the relative advantages or shortcomings of one over the other. To simplify the process, we have developed a simple rating system that can be applied to all end of life methods. We call this the Reliability, Peacefulness and Availability Test – the 'Exit RPA Test'.

Primary Criteria

The 'Exit RPA Test' provides a benchmark against which all end of life options can be considered. The values addressed by the test came to Exit's attention through specific research on the notion of a Peaceful Pill and also through personal accounts and anecdotes over the past decade. This feedback continues to identify two principal factors in people's preferences for end of life methods. These factors are 'Reliability' and 'Peacefulness.' In 2019 a further primary criteria was added - 'Availability'.

In the RPA Test, Reliability, Peacefulness and Availability are each given a score of 1 to 10. The higher the number, the more reliable, peaceful and available the method in question. For example, Nembutal achieves a high overall score, hanging a very low score.

Note - since the inclusion of the COVID-19 chapter, the RPA Table has been adjusted to include this analysis.

Video: ***The RP Test***
What it is and How does it Work?

Video: ***RP Test: Hanging***

Reliability (R - 10)

Reliability has been consistently identified as a major important factor in assessing end of life methods. A seriously ill person wanting to end their life needs to know the method *will* work. No one wants to take chances with a method that *might* work. Reliability is essential.

Peacefulness (P - 10)

Peacefulness is the second major criteria identified by Exit. There is almost no interest in methods that are violent, irrespective of how reliable they might be.

The most commonly expressed wish by seriously ill and elderly people is that they be able to die in their sleep.

Availability (A - 10)

To be of any use the method must be available. The most peaceful and reliable drug is of no use if it is unavailable. Earlier (pre 2019) versions of the Exit RPA test listed Availability only as a secondary criteria attracting only a possible 5 points. The elevation of Availability as a primary consideration with a possible 10 points has altered the positioning of some of the methods described in this book.

Secondary Criteria

There are a number of lesser, but nevertheless highly-desired, characteristics for a method of dying. 'Legality' was added as a secondary criteria in 2019. The six secondary factors are listed:

Preparation and Administration (Pr)
Undetectability (U)
Speed of Effect (Sp)
Safety to Others (Sa)
Storage - Shelf Life (St)
Legality (L)

In the RPA test, a score of 1-5 is given for each of these secondary characteristics.

Preparation and Administration (Pr - 5)

Simplicity of preparation and administration is an important factor. No one wants to use complicated equipment that is difficult to assemble or drugs that are hard to use.

Undetectability (U - 5)

Methods that leave no obvious trace are strongly preferred. In reality, this might mean that an attending physician will be more likely to assume that the death has been caused by a known underlying disease. In this situation, the question of suicide does not arise.

Speed of Effect (Sp - 5)

Speed of death is a further significant factor. Speed limits the likelihood of discovery and any possible interference (resuscitation).

Safety to Others (Sa - 5)

Most seriously ill people do not want to die alone. Methods that present a danger to others are unpopular for this reason.

Storage - Shelf life (St - 5)

There is a strong preference for methods that use substances, drugs or items that do not deteriorate with time.

Legality (L -5)

This criteria is of great importance to some choosing a method.

All of the methods described in this book have been given an Exit RPA Test score. The maximum possible is 60 points, the higher the score the 'better' the method. Some criteria will vary of course depending on an individual's particular circumstances.

The RPA Test rating should only ever be used as a general guide.

Example #1
The RPA for the Exit Bag with Nitrogen (see Hypoxic Death)

Test Factor	**Score**
Reliability: This is good, but technique is important	R=8/10
Peacefulness: There is some short term awareness and alarm	P=7/10
Availability: Necessary items are (usually) available	A=8/10
Preparation: Items require assembly and coordination	Pr=1/5
Undetectability: If items removed, totally undetectable, even at autopsy	U=5/5

Speed: Sp=5/5
Unconsciousness and death occur quickly

Safety: Sa=5/5
The method presents no risk to others present

Storage:
Equipment does not deteriorate and gas St=5/5
and pressure testing is readily available

Legality: L-5/5
There are no legal restrictions in obtaining nitrogen

Total for Nitrogen and an Exit Bag 49/60 (82%)

Example #2
The RPA test for sodium nitrite (see Lethal Inorganic Salts).

Test Factor	**Score**
Reliability: This is very high	R=6/10
Peacefulness: Patchy reports, hard to assess	P=7/10
Availability: Readily available	A=9/10
Preparation: This is straightforward	Pr=5/5
Undetectability: Some clinical changes may be noted, certainly noted on autopsy	U=2/5
Speed: Produces a rapid death	Sp=3/5
Safety: There is no risk to others	Sa=5/5
Storage: Well packaged, almost indefinite	St=4/5

Legality: L=5/5
There are no restrictions in obtaining sodium nitrite

Total for Sodium Nitrite 46/60 (76%)

A Note of Caution

The RPA Test score serves only as a guide. Individual circumstances and preferences will always influence a person's decision. There are people for whom a plastic Exit bag over their head will *never* be a viable option, no matter how peaceful and reliable the method.

This may be because of an individual's particular aesthetic concern and have nothing to do with the method's high reliability physiologically. Nevertheless, *if* this is a real concern, the method will not be considered, irrespective of the high RPA Test score.

However, if an individual has recently become so disabled through illness that the use of an Exit Bag is physically impossible, and yet that same person has access to nitrite powder, the final choice may not be determined by the highest RPA Test score.

See the Table towards the end of the *eHandbook* which provides the overall RPA Test scores for the various approaches described in this book.

Video: ***RP Test : Nembutal***

Online Security & Privacy

Introduction

In this day and age of hacking, scams and security breaches of personal information, *en masse*, protecting oneself online is a necessary part of using the Internet responsibly. For older people, Internet security can be seen as the domain of young people. However, being safe and secure online needs to be everybody's business.

The aim of this Chapter is to provide some basic information on how one can stay private and safe on the Internet. This includes information about how to maintain one's privacy in regard to where in the world a particular person might live (or be going online from), how to ensure that one's emails remain confidential, the privacy one needs to visit websites that you want to remain your personal business and how to carry out online payments (for anything) in a way that is secure, private and cannot be compromised by Internet scammers.

The issues covered in this Chapter include:

- Virtual Private Networks (VPNs)
- Email Encryption
- The Tor Browser
- Tails
- Bitcoin
- Tumbler

Virtual Private Networks

A Virtual Private Network (or VPN) is a group of computers that are connected to their own network somewhere on the Internet. While this might sound like tech-speak to the uninitiated, it is perhaps easier to understand what a VPN is by the tasks that it fulfils. And that is that it ensures that all information you send and receive is encrypted and cannot be intercepted.

A VPN serves a number of purposes. Firstly, a VPN ensures that your data is encrypted and cannot be intercepted by a third party. This goes for the data you search for and receive and the data that you send. This is especially important if you want absolute privacy online. And you want to eliminate the chance of your communications being eaves-dropped on by someone you don't know.

Secondly, a VPN allows you to disguise your true location in the world. It does this by hiding your computer's true IP address. Just like your real-life mail letter box, so your computer has an address (called an IP address) that differentiates your computer from everybody else's on the Internet.

Masking your IP address also allows you to pretend to be somewhere else in the world. This is especially handy if you are trying to access location-restricted content. Take the BBC's iPlayer platform as an example. To access iPlayer you need to be in the UK. However, even if you are in the US, as long as you set your VPN to the UK, you will be able to bypass the BBC's location-restrictions.

Another use for a VPN is if one is downloading content that one does not want others to know about. This may be legal or illegal content. Either way, a VPN ensures absolute anonymity. However, the most important reasons to use a VPN, as far as this book is concerned, is the level of privacy that it affords.

For more information about VPN's, the TorVPN website is particularly useful in explaining complicated concepts in easy-to-understand language.

https://www.torvpn.com/en/vpn

To understand more about your IP address see:
https://whatismyipaddress.com/ip-address

Where to get a VPN?

There are many VPNs available (usually by subscription) on the Internet. A VPN is a very good investment for your online security so well worth the money.

A sample of well known and respected VPNs are:

https://www.expressvpn.com/
https://www.vpnunlimitedapp.com/en
https://protonvpn.com/
https://torguard.net/
https://www.torvpn.com

Internet Security & Email Encryption

It is often said that an unencrypted email is akin to writing your message on a postcard. Think about it. Who knows how many people read a postcard from the time and location from which it is sent to when and where it is received. What is certain is that we never write anything confidential overly personal on a postcard? We would never assume that our message will *not* be read. This same philosophy should apply to our emails.

Encryption of email protects the content of our emails from being read by entities other than the intended recipient(s). For encryption to work, however, both the sender and the receiver need to use an enrypted email service. Encryption does not work if only one party is using it.

ProtonMail

While there are many email encryption platforms available (just as there are many VPN services) Exit is a particlur fan of Protonmail which was founded in 2014 at the CERN research facility in Switzerland (by Andy Yen, Jason Stockman, and Wei Sun). In tech-speak, Protonmail offers end-to-end email encryption. Protonmail also offers a free account. For a small monthly subscription, additional bells and whistles are available.

Another well known encrypted email service is Hushmail.com and Riseup.net. It, too, offers free accounts.

See:
https://www.protonmail.com
https://www.hushmail.com/

The TOR Browser

The Tor Browser is a technology that prevents third parties (be they companies, advertisers, law enforcement etc) knowing your location and tracking your Internet habits. In general terms, when a person connects to the Internet one's Internet Service Provider (ISP) assigns you an IP address. Websites one visits know one's IP address (and your ISP). This means that almost everything you do online is identifiable.

The Tor Browser uses technology to bounce your communication around a network so that nobody can know for sure what sites you visit and the sites, themselves, do not know that it is you who is visiting.

The original technology behind the Tor Browser was first developed for the US Navy, and received the vast amount of its funding from the US Department of Defense. Initially created to prevent corporate snooping, Tor has since become a means of stopping government snooping.

Speaking to *The Guardian* in 2013, then CEO of the Tor Project (*https://www.torproject.org/*), Andrew Lewman, has said:

> *We wanted a way to: 1. put some of our research into practice and see how it would work; and 2. we wanted to give the control over your information to you, the user; not to have all these companies take it by default. And let you take decisions about do you trust Google, do you trust Amazon, do you trust the BBC, whatever.*

In recent years, TOR has been criticised for allowing online black market websites, such as 'Silk Road' and 'Alpha Bay' to flourish. However, the Tor Project stands by its founding principals:

> *We believe everyone should be able to explore the internet with privacy. We are the Tor Project, a 501(c)3 US nonprofit. We advance human rights and defend your privacy online through free software and open networks.*

Conclusion

Using a Tor Browser gives a person online the best Internet security and privacy available. Further reading about the past, present and future of Tor is at:

https://2019.www.torproject.org/docs/documentation.html.en

A Tor Browser can be downloaded at the Tor Project website. The 'Onion Search Engine' (*https://onionsearchengine.com/*) used while using a Tor connection (browser) guarantees privacy absolutely. As the Onion's tagline states: 'No cookies, no javascript, no trace. We protect your privacy'. You get the picture.

Tails

If your aim is one hundred percent anonymity online, there is yet another system that you may wish to consider called 'Tails'. Tails is a stand-alone operating system that you download and run from a USB stick.

You use Tails by plugging the stick into your computer. When the stick is unplugged, it leaves absolutely no trace that you were ever on your computer. The Tails USB only connects via TOR. Tails includes an anonymous Bitcoin wallet called Electrum. For more information about Tails see: *https://tails.boum.org/*

Bitcoin

Bitcoin is a 'digital currency' or 'cryptocurrency'. According to Wikipedia, a cryptocurrency is a digital asset that is designed to work as a medium of exchange that uses strong cryptograpy to (among other things) verify the transfer of assets. Cryptocurrencies use decentralised control, as opposed to the traditional, centralised banking systems.

As the first cryptocurrency (there are now many others including Ethereum, Litecoin etc), Bitcoin remains the most popular and widely used. Bitcoin uses free open-source, peer-to-peer technology to allow instant worldwide payments at a very low cost. This virtual currency also enables anonymous online payments.

To understand further how Bitcoin works, see:
https://bitcoin.org/en/how-it-works

Bitcoin ATMs

There are several ways to make use of Bitcoin cryptocurrency. The easiest perhaps is using cash at a Bitcoin ATM. Bitcoin ATMs are springing up everywhere. A Bitcoin ATM allows the user to connect directly to a Bitcoin exchange, allowing for the sale and purchase of Bitcoin with cash.

If you are attempting to purchase something with Bitcoin using a Bitcoin ATM, you are essentially buying Bitcoin (in that you are using cash to buy Bitcoin which is then received in Bitcoin by the person who is selling to you and who you are purchasing from). If you are using a Bitcoin ATM, you do not need a Bitcoin wallet. It's just like a normal cash transaction.

Bitcoin ATM (or BTM)

Global Map of Bitcoin ATMs

For example, to purchase this book with Bitcoin, you would scan the QR code (private key) (on the following page) at the Bitcoin ATM. Exit would then receive Bitcoin from you to the value of USD$85.

To find a Bitcoin ATM (there are 5000 machines in 75 countries listed) see: *https://coinatmradar.com/*

Bitcoin Wallet

However, if you want to use Bitcoin for everyday transactions you are going to need a Bitcoin 'wallet'. A wallet can be installed on your computer or mobile phone or it can be a piece of hardware like a usb-stick. A wallet manages your Bitcoin private keys. To purchase or spend Bitcoins you also need a private key.

Once you have installed Bitcoin Wallet on your phone or computer, you will be issued with a Bitcoin address. You will need this to make or pay for things from your Bitcoin Wallet. You will also create a 'private key' in order to use your Wallet. The private key is a secret piece of data (a signature) that proves the transaction came from you and prevents the transaction being altered by anyone else.

For assistance with selecting a Bitcoin Wallet see the guide at: *https://bitcoin.org/en/choose-your-wallet*

Bitcoin Wallets & Tumbling

If you have a Bitcoin wallet and want to cut the connection between your wallet and the wallet where you are sending Bitcoin, then a Bitcoin Tumbler or mixing service can help.

A Tumbler uses a third party service to break the connection between a wallet address sending Bitcoin and an address receiving Bitcoin. So if you do not want anyone to know that you are using your Bitcoin wallet to purchase this book, then a Bitcoin Tumbler can protect your anonymity.

But isn't Bitcoin Anonymous Already? While Bitcoin is more anonymous than any other form of transaction (eg. credit card), with a lot of work and ever-enhanced technology, Bitcoin block chains can be analysed and the Bitcoin traced to an individual wallet. (The block chain is public record of Bitcoin transactions in chronological order).

However, remember, if you are using a Bitcoin ATM, then there is no need to worry about tumbling. This extra security layer only applies if you have a Bitcoin wallet.

Conclusion

In this Chapter, we have tried to outline some of the basic issues concerned with Internet safety, security and privacy. While no one is saying that any of these precautions are easy, they are not as difficult as they may appear on first glance. The benefits they can pay make investment of time and a small amount of money very, very worthwhile.

For more reading on any of the issues covered, please follow the suggested links provided. This Chapter has been intended to provide a general outline only. How deep any reader wishes to delve is to that person alone. Investigation can be almost limitless.

In regard to why the authors have included this section on Internet Security, the reason becomes obvious in the following Chapters. Organising for one's end of life is a challenging and, to some, controversial task. Ensuring that one has the means at hand to have a peaceful and reliable death at a time of one's choosing needs careful planning.

The use of the security, safety and privacy measures outlined in this Chapter will go a long way towards ensuring safe and effective end of life planning. Good luck.

Physiology of a Peaceful Death

- Introduction
- Essential Life Systems
- Hypoxia - A Peaceful, Reliable Death?
- Making Hypoxia 'Happy'
- The Cardiac Switch
- Summary of Peaceful Pill eHandbook Methods

Introduction

The *Peaceful Pill eHandbook* seeks to provide rational adults with the information required for a peaceful, reliable and elective death. To do this it is important to understand what makes a death 'peaceful', and what is meant by 'reliable'. A survey of Exit International members carried out in 2006 identified these two characteristics as essential. Respondents stated that the ideal death would be one that occurs while the person is asleep. The goal would be a process that would rapidly, and without discomfort or pain, lead to loss of consciousness and death.

To die peacefully *and* reliably is harder than it sounds. For example, actions we might take to end our life may well be peaceful but they might also be unreliable (eg. taking an overdose of Valium). Or, the methods may be reliable, but not at all peaceful (eg. jumping from a tall building).

Achieving the desired mutual goals of peaceful *and* reliable (preferably within as short a time possible) is a more complex challenge.

To help in the decision-making, Exit established the 'Reliability-Peacefulness Test' (RPA Test). This Test (discussed in an earlier Chapter) provides a means of rating the methods discussed in this *Handbook* according to a number of key criteria. The 'A' in the current, revised RPA table represents *'Availability'*. This criteria was added after it became clear that while *Peacefulness* and *Reliability* remain key determining factors, if a method were not also *Available* then it would be a little use.

In this Chapter we take a look at the physiology of death and what makes for a peaceful and reliable one.

Essential Life Systems

The maintenance of human life requires a functioning brain. This is because it is the brain that maintains control of the essential support systems of the body. In order to do their job, the cells in the human brain require an uninterrupted supply of their essential metabolic needs: oxygen and glucose. Any significant disturbance of their supply to the brain will quickly lead to death.

Of the total oxygen needed by the human body, over 20% of this is needed by the human brain. This is despite the fact that the brain accounts for only 2% of a person's total body weight. Furthermore, the brain requires some 60% of the body's resting energy needs. Of all the blood that is pumped by the heart, some 20% is needed to maintain this essential supply to the brain.

It is the respiration and cardiac systems that ensure that adequate oxygen is delivered to the human brain. The process of breathing brings oxygen into the lungs. The cardiac system pumps blood past the lungs, enabling this oxygen to be picked up by the red blood cells, and transported on to the brain.

The other essential requirement for cerebral cellular function is glucose/ sugar. This, too, needs to be transported to the cells of the brain via the blood supply.

Respiration within the cells of the brain produces the essential energy needed for brain function and results in the production of CO_2 and water, which must then be removed, again via the blood supply. These by-products are excreted from the body through the lungs, or in the form of HCO_3 via the kidneys.

The respiratory system that allows air to be drawn into the lungs, oxygen extracted and carbon dioxide removed is essential for human life. The circulatory or cardiac system (the system that pumps blood around the body and allows these essential items to be transported to and from the cells of the brain) is also critical.

Any interference with either the respiratory or cardiac systems quickly leads to death.

Hypoxia - a Peaceful, Reliable Death?

The *Peaceful Pill eHandbook* describes a range of methods that will bring about a peaceful and reliable death. All of the methods examined are effective because they interfere with the brain's essential needs. A main strategy to bring about death is to block the supply or utilisation of oxygen by the cerebral cells. 'Hypoxia' is the general term used to cover all of the processes that do this and there are different names given to the varying ways in which cerebral hypoxia is achieved.

Hypoxic Hypoxia

Hypoxic hypoxia occurs when there is not enough oxygen getting into the lungs. This can be caused by placing oneself in a low-oxygen environment (eg. in a plane that depressurises, or using a nitrogen-filled plastic Exit bag). The Sarco euthanasia capsule has also been designed to produce this type of hypoxia.

Hypemic Hypoxia

Hypemic Hypoxia occurs when the blood is unable to carry enough oxygen. This occurs when the haemoglobin in red blood cells is effected (eg. by a substance such as sodium nitrite, or a gas like carbon monoxide); making the blood incapable of transporting oxygen from the lungs to the brain.

Ischemic Hypoxia

Ischemic Hypoxia occurs when the blood-flow to the cells of the brain is blocked or interfered with. Examples include failure of the heart to pump, or blockage of the vessels carrying the blood (eg. a stroke). Drugs that interfere with the action of the heart (eg. dextropropoxyphene, amitriptyline or chloroquine) end life this way.

Histotoxic Hypoxia

Histotoxic Hypoxia occurs when there is oxygen delivered to the cells of the brain, but damage to the cellular metabolism, of the cells makes this oxygen unusable.

Examples include the effects of ingesting substances such as cyanide or sodium azide, or the inhalation of hydrogen sulphide. Substances that interfere with the blood glucose (the essential energy source to the cerebral cells) will also cause death (eg. if insulin is used to drive down blood sugar).

Making Hypoxia 'Happy'

Not all of these hypoxic death are 'happy'. The hypoxic hypoxia brought about from inhaling pure nitrogen will be disorientating and mildly euphoric, before it results in a rapid loss of consciousness and death. But hypoxic hypoxia brought about from obstructing the airway (eg. hanging) is terrifying, and one will struggle to free the obstruction. While hanging may be a reliable hypoxic death, it is *not* peaceful.

The term 'happy hypoxia' first gained attention in early 2020 druing the COVID-19 pandemic. Some people whose lungs were severely affected by the virus (so that oxygen could not readily cross into the blood), were found to be hypoxic. However, these patients were not particularly distressed.

Usually, when blood oxygen levels fall because of inflammation in the lungs, the waste gas of carbon dioxide rises. It is this rise in the level of uncleared carbon dioxide that produces the distressing symptom of 'air hunger'. Even when levels of oxygen in the blood of the COVID patients (as measured by an oxygen saturation monitor) dropped from the usual SaO_2 of 95-99% to a level of around 80% (which would normally be considered life-threatening), some people with the virus seemed comfortable, and were not gasping for air. The phenomena became known as 'happy hypoxia'.

The physiology of this happy hypoxia can be explained by noting the following: although the COVID patients' lungs were so inflamed that oxygen could not be extracted into the blood, and even though they were clearly hypoxic, there was still good clearance and elimination of the waste gas, carbon dioxide.

Happy hypoxia has also been associated with deaths resulting from lung infections and pneumonia. When William Osler, one of the founders of the Johns Hopkins Hospital, described in 1892, a death from pneumonia as 'the old person's friend', it was happy hypoxia that he was referring to (See the COVID-19 Chapter in this book). The goal, therefore, is to ensure the hypoxic death will be a happy one. Happy hypoxia depends on cerebral oxygen levels dropping to lethal levels, while avoiding any increase in carbon dioxide (with the associated distressing symptoms).

The Cardiac Switch

The ischemic hypoxia that is brought about by interfering with the heart is rarely peaceful. A heart attack (AMI), for example, leads to the heart being suddenly unable to pump blood and is often accompanied by severe chest pain. Some cardiotoxic drugs can also stop the heart and cause ischaemic hypoxia.

However, in order for the process with cardiotoxic drugs to be 'peaceful', the person needs to have lost consciousness before their heart stops. This can be achieved by the co-administration of strong sedatives to induce sleep before the heart is effected.

The use of drugs to stop the heart is often referred to as creating a 'cardiac switch'. An example of such a 'switch' is the use of digoxin and amitriptyline in the current '4-Drug' protocol as used in some US states where assisted dying is legal (see the Chapter on the 'Lethal Drug Mixtures').

In the case of the D-DMA mixture, the 'switch' is created when the drugs, digoxin and amitriptyline, are taken together with strong sedative drugs (eg. morphine and diazepam aka Valium). The combined effect of the morphine and diazepam ensures that one is unconscious before the cardiac switch is activated.

Summary of Peaceful Pill eHandbook Methods

The following Table summarises the 15-plus methods described in *The Peaceful Pill eHandbook*. The Table lists the type of hypoxia each strategy employs. The 'Comments' column explains the mechanism and lists the varying RPA test scores for each method.

Note: the RPA rating is also affected by *Availability*. The *Availability* factor can lead to an otherwise high-rating method (for reliability and peacefulness) being downgraded. The hypoxic Nembutal death, with a final rating of only 76, is an example of this.

Method	Mechanism	Comment (RPA score)
Nitrogen Exit Bag	Hypoxic	Inhaling low oxygen depriving cerebral cells (80)
The DeBreather	Hypoxic	Closed system reduction of oxygen to cerebral cells (78)
Sarco	Hypoxic	Inhaling low oxygen depriving cerebral cells
Carbon Monoxide	Hypemic	Blood unable to transport oxygen to cerebral cells (68)
Cyanide	Histotoxic	Blocking cerebral cell metabolism (60)
Sodium Nitrite	Hypemic	Blood unable to transport oxygen to cerebral cells (78)
Azide	Histotoxic	Blocking cerebral cell metabolism (75)
Hydrogen Sulphide	Histotoxic	Blocking cerebral cell metabolism (68)
Opiates	Hypoxic	Lowering cerebral oxygen by depressing breathing (60)
Propoxyphene	Ischemic	Stopping heart function and cerebral perfusion (71)
Amitriptyline	Ischemic	Stopping heart function and cerebral perfusion (66)
Chloroquine	Ischemic	Stopping heart function and cerebral perfusion (66)
Insulin	Histotoxic	Stopping cerebral cell metabolism (60)
Chloral Hydrate	Hypoxic	Lowering cerebral oxygen by depressing breathing (60)
DDMP & DDMA	Ischemic	Stopping heart function and cerebral perfusion (78)
Nembutal	Hypoxic	Lowering cerebral oxygen by depressing breathing (76)
Korean Method	Ischemic	Stopping blood flow and heart function (74)

Pre-Medication and Potentiation

- Introduction
- Pre-Medication
- Potentiation
- Sedatives & Anxiolytics
- The Cardiac-switch

Introduction

To die peacefully *and* reliably is harder than it sounds. Having decided on the method of choice one then needs to obtain the necessary drugs or equipment. This can often be quite difficult as there can be many variables. Issues such as source, shelf-life and drug purity are all important factors requiring one's attention.

This Chapter is, therefore, concerned with the efficacy of drugs that have been stored for far greater time than their stated expiry date, drugs or gases of uncertain quality or purity, drugs acquired from 'dubious' sources and equipment that has undergone home-modification or adaption. All of these factors can lead to concerns over the reliability of the chosen plan and can increase one's level of anxiety in this planning stage.

NOTE -Potentiation is unnecessary if one has the stated amounts of drugs (or unmodified equipment) outlined in the other Chapters of this *Handbook*. Nor does it apply if one has drugs whose shelf-life is not in doubt, drugs whose origin is known, or drugs whose purity is assured.

Pre-medication is a term used to describe the step(s) taken prior to the final act in order to ensure the efficacy of the process. Ending one's life is an immensely significant act that is, invariably, associated with a highly-accentuated emotional state. Unchecked levels of anxiety can lead to confusion and significant errors in the carrying out of the final steps. To minimise this risk, and to make the process easier, pre-medication - in the form of drugs taken to calm, alleviate anxiety, and even sedate to the point of loss of consciousness - can be employed. For oral drugs, the risk of vomiting must be addressed. An effective anti-emetic becomes an essential pre-medication.

Potentiation is a term used to describe additional steps, measures, or drugs taken to enhance the efficacy of a proposed lethal act. In the case of the ingestion of drugs of uncertain purity, potentiation may be in the form of an additional drug that enhances the main drug's lethality. For example, a drug that ends life by depressing respiration by causing cerebral hypoxia, can be enhanced with the inclusion of an additional sedative that further depresses respiration. Potentiation is also achieved by the addition of 'cardiac-switch' drugs that stop the heart will even if the depressed respiration has not lead to cerebral death.

There is some overlap in the two actions: this is to say that drugs that pre-medicate can also potentiate and vice versa. Potentiation also refers to the behaviour or action that enhances a drug's efficacy, and not simply the ingestion of *additional* drugs. Examples might include fasting (prior to taking lethal drugs), or hyperventilating (as a way of increasing the nitrogen hypoxia from the use of an Exit bag).

When planning to use pre-medication or potentiating drugs, it is wise to experiment prior to their use. This will allow the determination of dose and uncover any unexpected sensitivity or adverse reactions.

Sedatives and Anxiolytics

Sedative and anxiolytic drugs are useful in relieving anxiety as well as potentiating the action of a lethal drug. Examples include:

- Alcohol
- Cannabis
- Opiates
- Barbiturates
- Benzodiazepines

Alcohol can play a useful role in relieving anxiety *and* potentiating the action of many lethal drugs. As a pre-medication it should be taken carefully so that judgement is not impaired. This is particularly important when there are several steps involved such as starting the gas flow and positioning an Exit bag. Note also that alcohol can sometimes be totally counter-productive. Alcohol can limit the effectiveness of an anti-emetic and, instead of preventing vomiting, it can provoke it.

Alcohol can also be useful as a post-medication where spirits or a liqueur can be taken to remove the aftertaste of a lethal barbiturate like Nembutal. The respiratory depressing action of the alcohol, and its rapid action, can usefully potentiate lethal hypoxic hypoxia drugs such as morphine and other opiates, the barbiturates, chloral hydrate etc. The amount of alcohol taken is dependent on personal sensitivity and experience. Use with care.

Cannabis is a useful pre-medicating sedative while serving the dual function of acting as an anti-emetic. Cannabis can be taken 15 - 20 minutes prior to the lethal drug, either by smoking or vaping. Oral consumption can be slow and often unpredictable and for these reasons should be avoided. Dose will be determined by personal history and experience.

Opiates are useful pre-medicating agents as their respiratory depressing action can also potentiate. Pharmaceutical-grade opiates like morphine sulphate (as tablets or liquid), fentanyl (as a nasal or sublingual spray) or illegal products (like opium and heroin) can all perform useful pre-medicating roles.

Be aware that the oral ingestion of these drugs can cause vomiting so care is needed. Alternative administration, such as the use of sublingual spray, or administration by smoking the heroin 'chasing the dragon', or 'snorting' heroin powder is also possible.

Smoking pre-medicating opiates

The dose of opiates to be used is very dependent on previous exposure, as tolerance is a specific problem with these drugs. If sufficient quantities are available, one could experiment with these drugs to determine the exact amount that provides useful sedation.

Barbiturates are effective as stand-alone, end of life drugs. However, barbiturates are legally-restricted and difficult to obtain. For these reasons it is not unusual for an elderly person to have a quantity of a barbiturate that is either too small or too old to be reliably lethal. Barbiturates are also highly effective as pre-medication and potentiation facilitators.

Apart from sedation, barbiturates have a number of useful additional properties. They are effective anti-convulsants and their quick absorbtion,, even from the stomach, means that they can be taken at the same time as a lethal drug. An example of this is the slow-acting prescription drug, phenobarb. Phenobarb has recently been added to the oral drug mixture D-DMAPh to improve the speed of the drug mixture (see *The Lethal Mixtures*).

Benzodiazepines ('benzos') are the most reliable pre-medicating drugs. First marketed in the 1960s, diazepam (valium) was so effective as a hypnotic and anti-anxiety drug that it led to a reduction in the use, and eventual removal, of the lethal 'sleeping tablet' barbiturate known as Nembutal.

There are now hundreds of benzos, marketed as 'minor tranquillisers' and sleeping pills. Many are prescription-controlled. The development of more and more variations of benzos has led to the marketing of more and more off-licence products: these can be readily sourced on the internet.

Many of the lethal drugs described in the *eHandbook* end life by interfering with cardiac function. These 'cardiac-switch' drugs cause ischaemic hypoxia. However, ischaemic hypoxia can be far from peaceful. To make the process peaceful, sleep-promoting benzodiazepine drugs are often needed.

The medium to short-acting benzo, oxazepam (serapax) is effective way of addressing this problem. 10 x 30mg tablets of serapax, broken up in water and then drunk at the same time as a lethal cardiac drug like chloroquine or propoxyphine, provides a peaceful death. Fast-acting, midazolam or the slower-acting diazepam can also be used. All of these benzos are prescription-controlled and can, therefore, be difficult to source. If this is the case, the off-licence benzo of diclazepam (chlorodiazepam) is an effective alternative.

Process: Dissolving 1gm of diclazepam in 20ml of propylene glycol and them drink with a measure of gin. DO NOT then delay or forget to follow-up with the cardiotoxic drug.

One source for Diclazepam is: https://chemicalplanet.net/diclazepam

'Cardiac-switch' Drugs

Drugs of uncertain quality or insufficient quantity (that end life by hypoxic hypoxia) can be potentiated with the addition of a 'cardiac-switch'. A cardiac-switch is a drug or drug combination that stops the heart by preventing oxygen getting to the brain. An example is the opiates. Opiate drugs are notoriously unpredictable (because of issues of sensitivity, drug tolerance, and purity). However when opiates are taken in combination with a cardiac-switch, the death will be peaceful since one's heart will stop while the person is unconscious.

Effective cardiac-switch combinations have been pioneered in the US as part of the development of the lethal drug mixtures used under Medical Aid in Dying (MAID) laws. In the case of the lethal drug mix, D-DMAPh, the cardiac-switch is comprised of digoxin (100mg) and amitriptyline (8gm).

While these are prescription-controlled drugs, they can still be sourced on the internet. See: *https://rxmedonline.com/*

Note: Digoxin tablets do not dissolve. Rather, the tablets are soaked in water and break up. They are then drunk as a 'suspension'. Amitriptyline can be taken the same way. There is some small benefit in taking the digoxin 30mins before the amitriptyline and other sedatives/ hypnotics.

A 'cardiac-switch' made from digoxin 100mg & amitriptyline 8gm

Other Specific Potentiating Drugs

Other specific drugs that can be usefully employed to accentuate particular methods include proton-pump inhibitors (such as esomeptizole (Nexium)). These accentuate the gut-absorption of nitrite. A *B* blocker (such as propranolol), will block cardiac compensation as the nitrite drops the blood's oxygen-carrying capacity.

Another example is the anti-convulsant, phenytoin (Dilantin), that will potentiate a marginal or inadequate dose of the barbiturate Nembutal. The addition of 20% phenytoin will accentuate the respiratory-depression effect of the barbiturate by causing simultaneous cardiac collapse.

A useful premedication - off-licence diclazepam, propylene glycol & alcohol

A table listing end of life methods described in this *e*Handbook and useful supplementary drugs is below:

Method	Useful Supplement
Carbon Monoxide	unnecessary (if [CO] >1%)
Cyanide	unnecessary
Sodium Nitrite	anti-emetic, PPI, *b*Block, benzo
Azide	anti-emetic, opiate, benzo
Hydrogen Sulphide	unnecessary
Opiates	anti-emetic, alcohol, cardiac-switch
Propoxyphine	anti-emetic benzo
Amitriptyline	anti-emetic, benzo, opiate
Chloroquine	anti-emetic, benzo
Insulin	cardiac-switch
Chloral Hydrate	anti-emetic, cardiac-switch
DDMA & DDMAPh	anti-emetic
Nembutal	anti-emetic, alcohol, phenytoin
Nitrogen Exit bag	hyperventilation

Hypoxic Death & the Exit Bag

Using an Inert Gas for a Hypoxic Death

- Physiology
- Differentiating between Hypoxia & Suffocation
- Face Masks vs Exit Bags
- Hyperventilating & the Alarm Response??
- Postmortem Effect of Inert Gas on the Body
- Lung Diseases & Spirometry Testing

Introducing the Gases (& their sources)

- Nitrogen, Argon & Helium

Gas Flow Systems

- Cylinder Specification
- Gas Flow Controls & Regulators
- Optimal Gas Flow Rates
- Gas Purity Testing

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- Coronavirus Protection Helmets

Exit Citizen Science Initiative (ECSI)

The RPA Test

Pink Supplement: The Nitrogen Method (in pictures)

Introduction

The use of a gas such as Nitrogen along with a closed environment (such as a plastic Exit Bag) can provide the means of a simple, effective, peaceful and entirely lawful DIY death. While Exit research has found that relatively few people would *prefer* to use a plastic bag and gas over the simple ingestion of a 'Peaceful Pill', it remains one of the most accessible and reliable methods available.

Using Inert Gas for a Hypoxic Death

The Physiology

Hypoxia is a term meaning 'low oxygen'. A death that results from inhaling insufficient oxygen is a hypoxic death. While there are several ways that this might occur, the common method is to suddenly immerse oneself in a non-oxygen environment.

The simplest way to do this is by filling a plastic bag with an inert gas and then quickly placing the bag over one's head. To understand why the plastic Exit bag provides a peaceful and reliable way to die, a basic understanding of human physiology is useful.

In normal life, we live in an atmosphere that is 21% oxygen. Interestingly, when there is a decline in the level of oxygen in the air we inhale, we do not experience alarm or concern. As long as we can breathe easily, the sensation that is experienced as the oxygen level drops is that of disorientation, confusion, lack of coordination and loss of consciousness. Death follows soon after. This experience is sometimes likened to being drunk (alcohol intoxication).

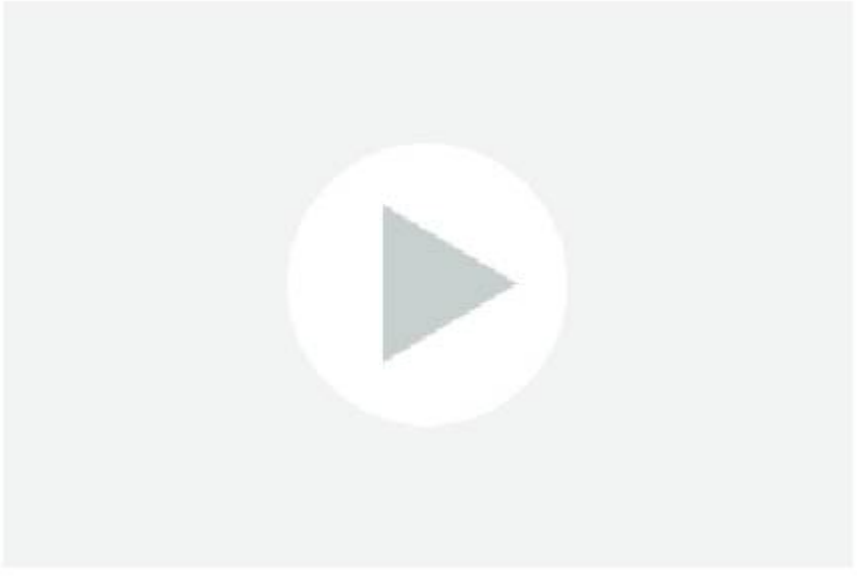
While a low oxygen environment may not cause discomfort or alarm, the body will detect any associated build-up in carbon dioxide (the normal product of respiration). Rising levels of carbon dioxide cause distress, alarm and the sensation of 'air hunger'. If one places a plastic bag containing normal air over their head, they will breathe easily and use up the oxygen. However, there will also be a corresponding rise in the level of carbon dioxide within the bag. When the body detects this increase of carbon dioxide, a warning message from the brain alerts us. The person will be roused and will react by gasping, feeling like they cannot breathe. This is the sensation known as 'air hunger'. They will quickly pull the bag from their head. This reaction is known as a Hypercapnic (high carbon dioxide) Alarm Response.

To ensure that carbon dioxide does not accumulate in a bag, there must be a gas flow into the bag even when the bag is pulled down over the head. Any exhaled carbon dioxide can be flushed away as the inert gas exits the bag from around the neck.

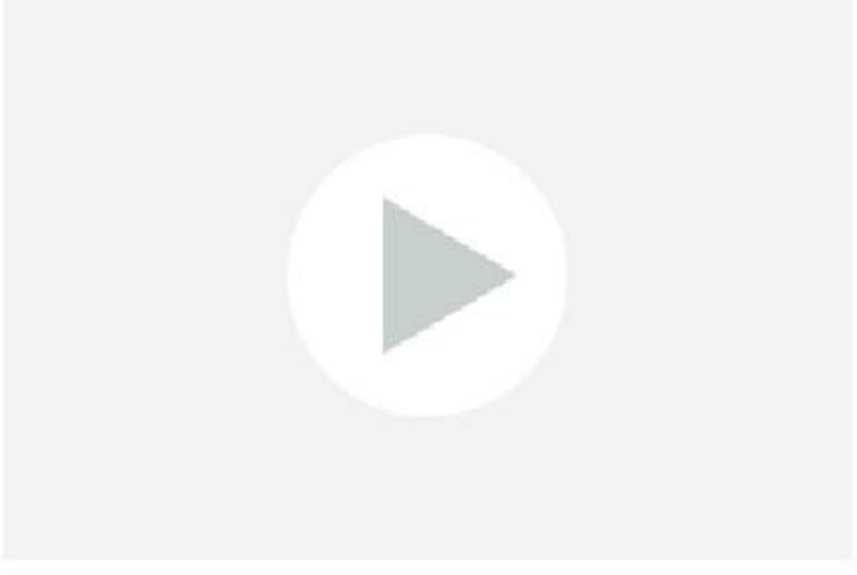
For a peaceful, hypoxic death - a so called 'happy hypoxia' - one needs a low oxygen (hypoxic), low carbon dioxide (hypocapnic) environment.

Note: It was once suggested that a plastic bag could be used in combination with strong sedatives to end life (no gas would be required). The hope was that the drugs would induce sleep as the oxygen in the bag was used up, and that the sedation would be so profound that the alarm response from the rising carbon dioxide would not re-awake the deeply sleeping subject. This approach is now considered risky with an uncertain outcome and is not recommended.

Video: *Introduction to the Exit Bag*



Video: *The Problem of Carbon Dioxide*



Accidental 'happy hypoxic' deaths are not uncommon and there is a number of situations that can bring them about. One example is the sudden drop in oxygen level that occurs when an aeroplane depressurizes at high altitude. This can lead to a rapid loss of consciousness and the death of all those on board.

When the plane depressurizes, passengers still breathe easily. The problem is that there is little oxygen in the inhaled air. Because of the large volume of air within the plane, there is no build up of carbon dioxide. It is not uncommon for planes that have suddenly depressurized to travel on autopilot until they run out of fuel; well after everyone on board has died. Witnesses (from planes sent to investigate) say that it appears as though everyone is sleeping peacefully.

When a person exhales fully, then pulls down an Exit bag that is pre-filled with an inert gas and takes a deep breath, the person's lungs will be filled with a gas in which there is very little oxygen. The blood passing the lungs on the way to the brain will have no oxygen to transport, and consciousness will be rapidly lost. This loss of consciousness will occur quickly, within one or two breaths. If there is no intervention, death will occur within 5 to 10 minutes. It is the *lack of oxygen* in the inhaled gas that causes death, *not* the characteristics of the particular inert gas used.

For the process to work, it is important that the air (with 21% oxygen) in the lungs can be quickly and fully replaced with the inert gas in the Exit bag. With good lung function (and practice) this can be achieved with a single exhale/ inhale cycle.

Problems with the method can occur if lung disease or poor technique prevent a full exchange of gas in one's lungs. Practice using normal air to fill the bag can be useful. If a person with lung disease is concerned about using this method, they should undergo a lung function test (spirometry). This test will give an indication of whether the method is suitable for them. (See the section on spirometry screening in this Chapter.)

It is important to recap that the inert gas, itself, does not interact with the body. Nitrogen, argon or helium all have no taste or smell. All quickly dissipate and present no risk to others. While helium and argon can be detected at autopsy, there is no test that can reveal the use of nitrogen. This makes nitrogen useful for people who do not wish their cause of death to be established. This pre-supposes that the equipment will be removed before the body is 'discovered'. In some jurisdictions this can be an offence (interfering with a body or the circumstances of a death) so check your local laws in advance.

Differentiating between Hypoxia & Suffocation

There is much misinformation, some of it deliberate, about how peaceful and reliable a happy hypoxic plastic Bag death can be. The common claim is that the bag causes death by 'suffocation.' This term is ambiguous and needs clarification.

Suffocation occurs when no oxygen enters the lungs. If this is caused by a mechanical obstruction of the airways (eg. by tying a rope around the neck, or pushing a pillow into one's face), it will be terrifying. People will struggle with the last of their strength to clear a mechanical blocking or obstruction of their breathing.

However, when a plastic Exit Bag is used properly there is no obstruction, and the death is peaceful. The person breathes easily as the bag expands and contracts with each breath. This is in stark contrast to death from airway obstruction. This is why it is important *not to confuse* the peaceful, happy hypoxic death that is possible (when an Exit bag is used properly) with the grim death from suffocation that results from an obstruction to the airways.

Media reports often reinforce this confusion. In 2001 an article in *The Australian* newspaper by a prominent anti-euthanasia activist referred to Exit bag deaths as 'reminiscent of the Khmer Rouge's shopping bag executions of Cambodia's killing fields.'

The 2017 Netflix film 'The Most Hated Woman in America' (about American Atheists founder Madalyn Murray O'Hair) gave a graphic depiction of her plastic bag murder. These grim plastic bag suffocation deaths were not the happy hypoxic deaths detailed in this Chapter. It is little wonder that there is so much public confusion and resistance to the method. It is also not surprising that plastic bags have a certain 'yuk factor' to them, with many people swearing that they would never use such a method.

Exit stresses that while one may have aesthetic concerns over the use a plastic bag for a happy hypoxic death, the physiology is clear. When used properly, the death will be quick, reliable, peaceful, legal and uniquely undetectable.

Note: The 'yuk factor' concern can be addressed by replacing the plastic bag with other gas containment methods. Examples include the use of modified coronavirus protection helmets. The 3D-printed Sarco is another way that Exit has been attempting to circumvent the need for a plastic bag. These devices are discussed later in this Chapter.

Video: *Application of the Exit Bag (Helium)*

Video: *Suicide and the Death Certificate*

Face Masks vs Exit Bags

Common, inexpensive face masks are often used to deliver oxygen to patients. Held in place by elastic, the mask loosely covers the nose and mouth with oxygen delivered through a plastic tube attached to the mask base. There is no attempt to seal the mask and face. This is in contrast to masks that seal, preventing entry of external air which are more complex, difficult to fit, and prone to leakage (eg. a seal is difficult with a beard). CPAP devices used for sleep apnea, and the mask used in the DeBreather end of life device (see next chapter) are of this type

An Exit bag produces rapid loss of consciousness by ensuring that no oxygen is inhaled, and with gas flow giving a slight positive pressure within the bag, no external oxygen can be inhaled. For a mask to be effective, a perfect seal would need to be maintained till death. Even with a well fitting sealing mask this is difficult as the muscles and contours of the face change as a person loses consciousness. Attempting a hypoxic death using a face mask is risky and is not recommended.

Hyperventilating & the Alarm Response

To minimise the chance of experiencing panic and air hunger, it is recommended that before pulling down the bag, one spends a short time (1-2 mins) hyperventilating (ie. deeply inhaling and exhaling air into the lungs at an increased frequency). This hyperventilation has the effect of pre-lowering the carbon dioxide level in the blood, and will significantly reduce the possibility of an increase in CO_2 and any associated alarm response when the bag is pulled down.

Postmortem Effect of Inert Gas on the Body

The use of an inert gas with an Exit bag produces no changes in the body that can be seen or found on initial inspection. In 2007, forensic laboratory tests were developed to establish the presence of gases like helium or argon in the lungs of the deceased. It is pointless searching for nitrogen as a person's lungs are always awash with nitrogen.

These tests were first used in 2009 to determine the cause of death of an Exit member. While such testing at autopsy is possible, it is expensive and not routine. Nevertheless, if either helium or argon is detected, the death will not be considered natural.

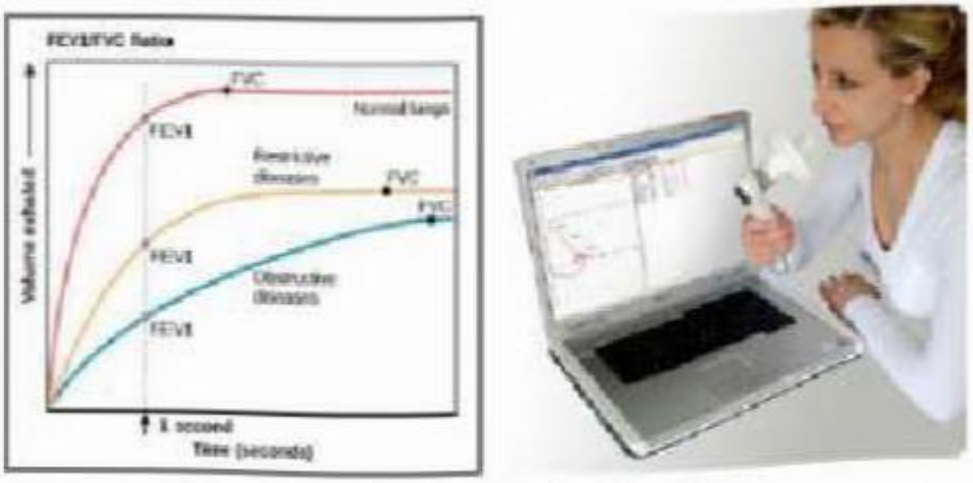
If nitrogen is used for a hypoxic death, and if the Exit bag and tube is removed, autopsy findings will be recorded as 'inconclusive'. Using an Exit bag with nitrogen is the *only* totally undetectable method for a peaceful death, even when sophisticated testing at autopsy is carried out.

Lung Diseases & Spirometry Testing

For a peaceful death one must be able to fully exhale and inhale. This allows the rapid exchange of the air in the lungs, with the gas in the bag. Some respiratory diseases can make this exchange difficult or impossible. The question is, therefore, when is lung disease so severe that an alternative method should be considered?

Lung disease is usually broken into two main classifications: 'Restrictive' disease where there is difficulty filling the lungs with air, and 'Obstructive' disease where there is difficulty emptying the lungs. Emphysema, bronchitis and asthma are all examples of obstructive respiratory disease. Pulmonary fibrosis, sarcoid, or conditions such as scoliosis, obesity or diseases such as motor neuron or Lou Gehrig's disease can all cause a restrictive pattern.

For the hypoxic method to work well, you need to be able to fully exhale (leaving little residual air in the lungs - ie. <u>not</u> have significant obstructive disease), then fully inhale filling the lungs with nitrogen (ie. <u>not</u> have significant restrictive disease). Spirometry offers a quick effective screening test to ensure the suitability the method.



Spirometry to test lung function before using an Exit Bag

Spirometry testing involves inhaling fully, then exhaling fully through the mouthpiece (while the machine measures the volume and rate of gas flow). The spirometer compares one's results with those expected for a normal person of the same weight, sex and height.

The presence of significant restrictive or obstructive respiratory disease can reduce the chance of a quick loss of consciousness when using the Exit bag method. Note, however, that although the time to loss of consciousness and death may be increased, with a good flow of inert gas, a peaceful death will still occur. The downside is that this prolonged period of time (before one loses consciousness) can cause anxiety and does reduces the appeal of the method.

If underlying respiratory illness is a concern, it may be wise to ask your doctor for a spirometry test to measure your lung function. If your measurements differ significantly from 'normal' results, the method may not be the most suitable to use.

Note: Some restrictive lung disease symptoms can be significantly improved with the use of certain drugs. The best example is asthma, where the inhalation of salbutamol (ventolin) prior to a spirometry test can sometimes restore values to near normal. If this is the case, the Exit bag hypoxic method need not be abandoned. The salbutamol should be used immediately before inhaling the nitrogen.

Introducing the Gases: Nitrogen, Argon & Helium

By way of recap, there is nothing special about the particular type of inert gas used with an Exit bag. Indeed, any gas that does not react with the body and that is odorless and available in a compressed form, is suitable. Most often the choice of gas is determined by what is available. The three principal inert gases used with an Exit bag are nitrogen, helium and argon.

Compressed inert gases are generally available in high pressure cylinders which are leased from commercial gas supply companies (such as BOC, Linde or Air Liquide). However, leasing a cylinder of compressed gas in this way leaves a paper trail and there is no anonymity. These compressed gas cylinders are often large, heavy and difficult to transport. Suspicion could arise if an elderly or sick person rents a cylinder from their local gas outlet. If a friend were to collect the cylinder for them, this person could become legally implicated in assisting their suicide. These issues are disincentives to leasing from a commercial gas supplier.

Suitable, take-home cylinders of nitrogen, helium and argon can sometimes be purchased outright online and used effectively with the Exit bag.

Nitrogen

Nitrogen is a very common gas, making up ~ 80% of the air we breathe. Nitrogen is cheap and readily available as it is widely used in industry, catering and occasionally in home beer brewing. Nitrogen cylinders can also be stored indefinitely in the cupboard for possible future use.

Sources of Nitrogen

US

In the US, full steel cylinders containing 550 liters/ 20 cu ft of Argon can be ordered from a company called CyberWeld, and are delivered nationally.

Note: CyberWeld ceased selling full tanks of nitrogen in mid 2019. Although argon is as effective as nitrogen, it can be detected at autopsy.

See: *https://store.cyberweld.com/shielgascyl22.html*

Australia

In Australia, suitable, take-home cylinders of nitrogen are available from Stuggots and from Total Tools. The advantages with ordering from Stuggots include: shipping is included and confidentiality.

With Total Tools, the cylinders *must be collected in person* and you could be asked why you are making the purchase. The cylinder gas pressure from Total Tools is 200Bar and will need to be bled down to~150 Bar for safe use with a Max Dog regulator.

http://bit.ly/stuggotsform

http://bit.ly/totaltoolslink

NZ

Small, convenient take home 220-liter nitrogen cylinders are available from iKegger. With a suitable flow regulator, this will provide 15 min of gas flow, adequate for a peaceful death.

See: *http://bit.ly/33DLV0Y*

Argon cylinder
available from CyberWeld
in the US

UK

In the UK, full, 2-liter cylinders containing ~350 liters of compressed nitrogen are available for home-delivery to a UK address from Adams Gas at:

https://bit.ly/3sty49M

Another nitrogen cylinder source in the UK is Hobbyweld.

Note: The smallest cylinder that Hobbyweld supplies is 9 liters which contains 1,300 liters of compressed gas. This is much bigger than required. Hobbyweld cylinders must also be collected from one of their distributors, as home delivery is not possible.

https://www.hobbyweld.co.uk/products/nitrogen/

EU

In the EU, Gase-Dopp in Germany sell full, steel cylinders of nitrogen across Europe. While Exit has had these cylinders delivered to the Netherlands, one report suggested that delivery is country-specific (and does not, for example, include Italy).

Note: A German cylinder weighs 4.8 Kg full, and has gas at a higher pressure (200 Bar/ 2900 psi), so the 2-liter cylinder contains 400 liters of compressed nitrogen/ 'Stickstoff' . This will give a flow time of ~30 minutes (at the optimum 15 liters/ minute).

https://bit.ly/39ozk6q

Argon

Argon is a common, inert gas that makes up about 1% of the earth's atmosphere. It is colorless and odorless. Argon is used widely in the welding industry as a 'shield gas' and can be purchased in take-home cylinders.

Helium

Helium is an inert gas, that is colorless and odorless and much lighter than air. It cannot be manufactured and global supplies are limited. Helium has many industrial applications yet its dwindling supply means that the price of the gas is rising. Take-home cylinders of 'Balloon Time' pure helium (for party balloon inflation) are no longer available.

A Short History of Helium & Balloon Time Cylinders

For many years, Balloon Time cylinders (from Worthington, Ohio, US) were a cheap, disposable source of helium gas. The balloon kits were sold online from stores such as Amazon, Argos, Tescos and Spotlight.

In 2015, Worthingtons announced that the gas in their disposable helium cylinders could be adulterated with to 20% air (ie. up to 4% oxygen). While this mixed gas still enables balloons to float, it is unsuitable to use for a hypoxic death.

Note: While compressed helium cylinders can be easily hired from gas suppliers such as BOC for the inflation of balloons for parties, home purchase is generally unavailable.

Gas Flow Systems

Gas Cylinder Specs

There can be confusion over the size of a compressed gas cylinder. Sometimes the rating is its physical volume (ie. how much water it would hold if filled), and sometimes it is given by the volume of compressed gas it can hold. Typical cylinders of nitrogen are small (2-liter) and hold ~400 liters of gas under pressure. These can be referred to as *either* 2-liter *or* 400-liter cylinders!

Gas pressures are measured in Bar (bar) or Megapascal (MPa) or psi (pounds/square inch): 1 bar = 0.1 MPa = 14 psi

Ensuring a Cylinder is Full

When using a cylinder of compressed gas for a peaceful death, it is important to establish that there is sufficient gas available. The easiest way of ensuring the gas cylinder is full, is to measure the pressure. This is particularly important for cylinders that have been kept in storage for long periods.

Max Dog Brewing (*http://www.maxdogbrewing.com*) sell a regulator that will show the gas pressure on the gauge. To measure the pressure, attach the regulator to the cylinder, set the regulator flow rate to 0 liters/min, and open the cylinder. This will show the pressure on the gauge.

Regulators

To obtain the optimal steady gas flow from a cylinder of compressed gas a regulator is always needed. Regulators break down the high gas pressure in the cylinder to the much lower pressure needed to gently deliver the gas to the Exit bag. A flow

control is often built in to the regulator, allowing the gas flow rate to be set and maintained at that level until the cylinder is exhausted.

Max Dog Brewing regulators are suitable for use in Australia, NZ, the UK, the US and Europe even though cylinders of compressed gas in each of these countries all have different connecting valves. When ordering a Max Dog regulator, it is important to specify the country from which the gas cylinder will be sourced.

- Aust/ NZ the fitting is 'Type 50'
- US the fitting is 'Type CGA-580'
- UK the fitting is 'Type BS341-No3'
- EU the fitting is 'DIN 477'

Max Dog regulators feature a pressure gauge (which indicates the pressure in the cylinder) and a simple click-flow setting control that can be set to 15 liters/min. The plastic tube fits directly on to the regulator outlet.

Note: For Max Dog regulators, cylinder gas pressure should not exceed 18 MPa (2600 psi). Some nitrogen cylinders contain compressed gas at 200 Bar (2900 psi). If this is the case, attach the regulator to the cylinder and allow gas to escape (at 15 or 20 liters/min) until the pressure drops to 2600 psi on the regulator pressure gauge.

Sourcing of suitable cylinder is the responsibility of buyer.

Max Dog Brewing
gas flow regulator

Checking cylinder
pressure

Oxygen Meter used to detect
gas contamination
see 'Gas Purity Testing'

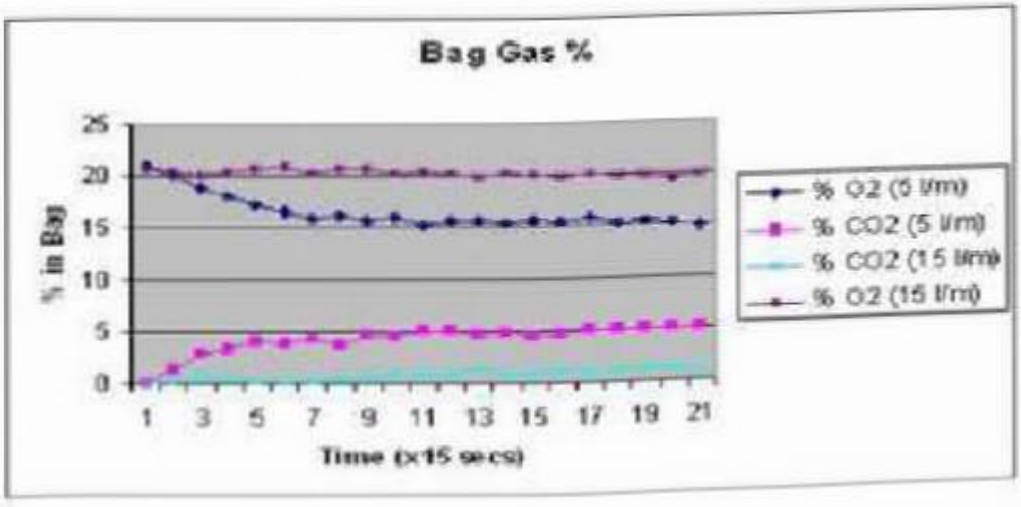
Determining the Optimal Gas Flow Rate

A peaceful, hypoxic death with an inert gas and an Exit bag, depends upon an 'optimal gas flow'. The optimal flow is a flow rate high enough to flush away the exhaled carbon dioxide so that this does not accumulate within the bag, but low enough so it is not uncomfortable or noisy, and still provides >15 minutes flow from a full cylinder.

Exit has determined the optimal flow rate. In tests, different flow rates of air were admitted to a bag over a test subject's head. The level of carbon dioxide within the bag was monitored using a RKI sampling gas detector.

The results for an 80 kg male, taken over a 5-minute period for two gas flow rates (5 & 15 liters/ min), are shown in the graph.

For 15 liters/ min gas flow, the level of carbon dioxide in the bag did not rise appreciably over the trialed 5-minute period. With this low flow rate, the level of carbon dioxide approached 5%. This was enough to make the subject uncomfortable. A flow rate of ~15 liters/ min was concluded to be optimal.



Exit Bag CO_2 & O_2 concentration levels for the first 5 minutes

Note: This test using air supplied to an Exit Bag over estimates the gas flow required in order to remove the carbon dioxide. When there is no oxygen in the supplied gas, carbon dioxide production will be less, so 15 liter/min rate is sufficient.

A Max Dog regulator can be set to 15 liters/ min. The gas will then flow at this rate until the cylinder's contents are exhausted (~300/15 or ~20 minutes) which is much more than is needed for a peaceful death.

Gas Purity Testing

For a quick and peaceful hypoxic death, it is important that there be no oxygen (or air) in the gas being breathed. It is the sudden reduction in oxygen level (from the 21% in air) to effectively 0% (within the confines of the Exit bag), that results in the immediate loss of consciousness. Common uses of compressed nitrogen (eg. brewing, food preservation) depend on an absence of oxygen so there is no possibility of contamination of the sourced gas.

Nevertheless, if there are any concerns about gas purity, the level of any oxygen contamination can easily be checked. Here is how to do it.

1. Obtain an accurate oxygen sensor eg. Detector CY-12C Oxygen Analyzer, cost ~US$100 (available at Amazon)
2. Calibrate the sensor by setting the gauge to 21% in air
3. Attach the flow regulator jet to the gas cylinder and connect the hose to run a steady flow (eg 1 liter/ min) of gas into the filtered input of the gauge
4. Let the gas flow until a steady reading is obtained on the most sensitive gauge setting
5. The [O^2] reading should be < 2% .

At the end of the test, check the cylinder pressure to ensure that there is still an adequate supply left for a hypoxic death.

Creating a Zero-Oxygen Environment

The Exit Bag

For a happy hypoxic death,you will need to create an environment of inert gas. The simplest way to achieve this is to use a plastic Exit bag.

Making an Exit Bag

While different people make slightly different bags, the standard Exit bag involves a plastic bag of:

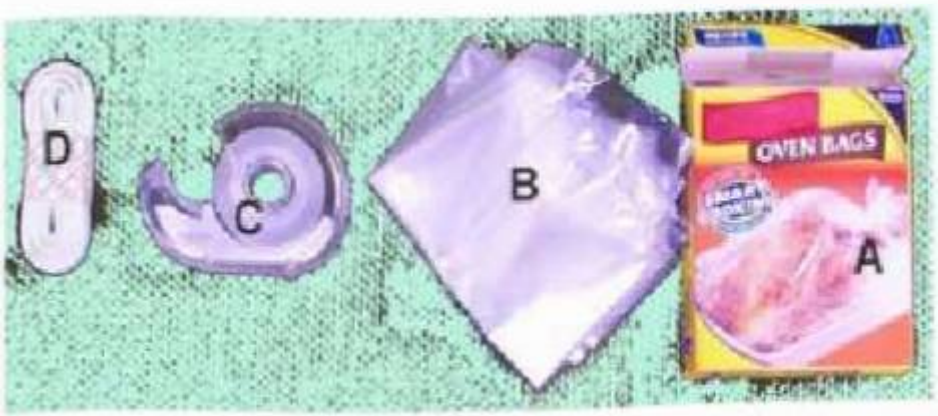
- a reasonable size
- a suitable soft plastic
- a neck band of elastic that allows the bag to make a snug, but not tight, fit around a person's neck

The method used by 'Nurse Betty' is shown in the accompanying video. A reliable and effective bag can be assembled in a few minutes. The components are:

- Plastic bag - PVC 35cm x 50cm x 50 micron is a good size or Poly clear LDPE 75 micron, or a large polyester 'oven bag' see 'A & B'
- 1 metre of 10 mm wide elastic, 'D'
- 1 toggle (or other fastener) to adjust elastic length
- 1 roll of 20mm sticky tape 'C' (Micropore or equivalent)
- 1 small roll of ~ 35 mm plastic duct tape
- Pair of sharp scissors

Construction

1. Lay the bag out on a flat surface and folded back ~ 25mm (1") around the open end
2. Make a 25mm cut in the folded plastic.
3. Lay the elastic inside the fold and have the two ends exit through this cut.
4. Tape completely along the folded edge of the plastic with the sticky tape.
5. Place a cut in a ~ 60mm piece of duct tape and fold this over the exiting elastic to strengthen this part of the bag.
6. Thread a small wire tie through two cuts in another piece (~50mm) of duct tape and stick this to the inside of the bag ~ 15cm up from the elastic (E). This can be used to secure the plastic helium hose inside the bag.
7. The toggle (or other fastener) is then threaded onto the two ends of the elastic to complete the bag and attached to the bag using tape.



Items used to construct an Exit Bag

Connecting the Cylinder to the Exit Bag

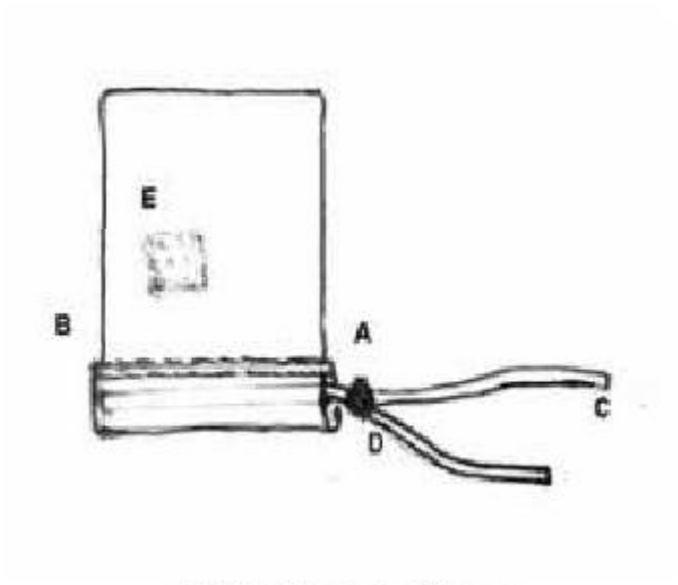
To use the Exit bag with an inert gas, one needs to connect the gas cylinder to the bag. Plastic tubing (eg. standard 2-metre oxygen tubing with soft connectors as used with home nebulisers) is generally available from pharmacies. The tubing is tightly-fitted to the Max Dog regulator outlet. Tape the other end firmly to the inside wall of the Exit Bag .

Note: The short film 'Do it Yourself with Betty' details how to attach the gas hose to the bag. Betty used 'Balloon Time' Helium in this film but the principal is the same for nitrogen (or argon).

The Procedure

Adjust the elastic on the Exit bag so it is a firm, but not tight, fit around the neck, then position the bag on the forehead.

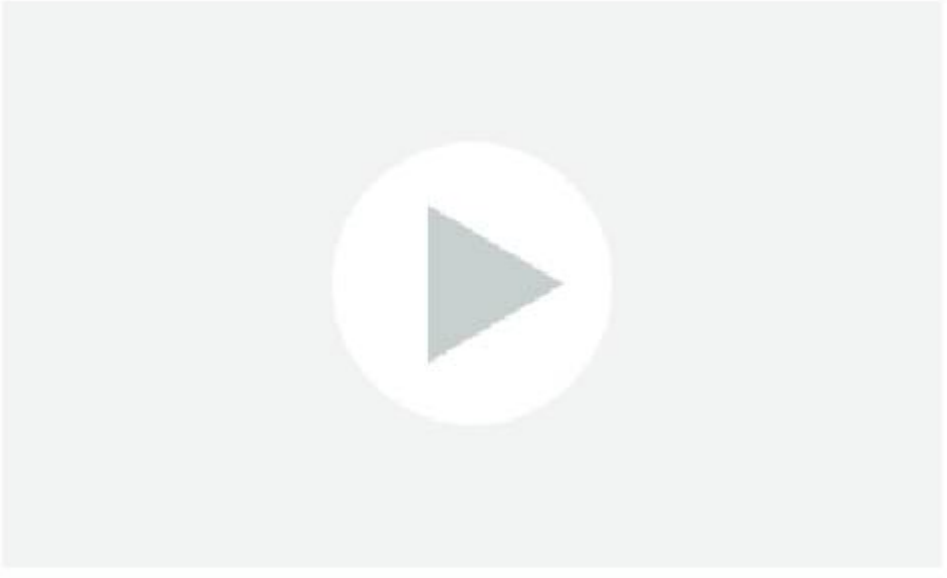
The Exit bag in position prior to being filled with gas



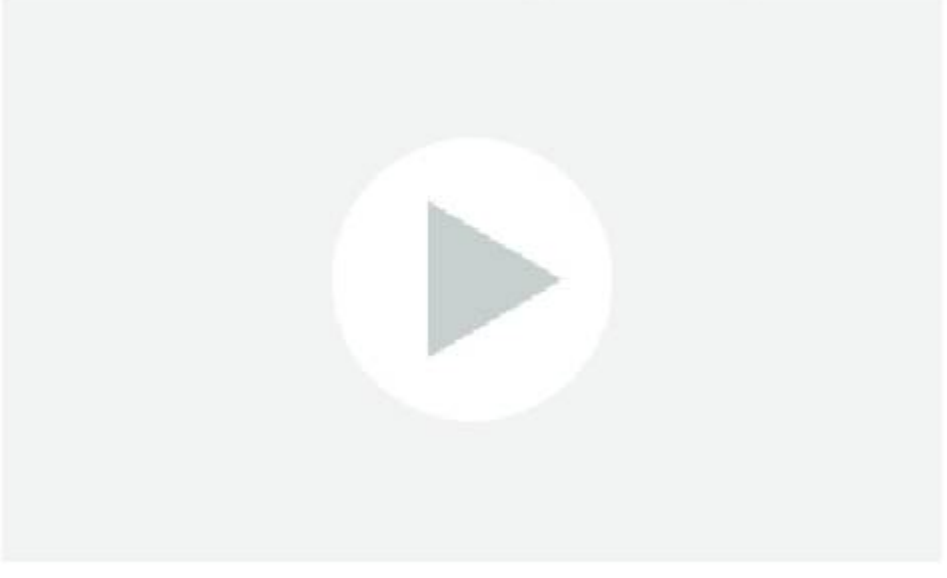
Exit Bag Manufacture Diagram

A Completed Exit Bag

Video: ***Why the Exit Bag will not suit all People***



Video: ***Do it Yourself with Betty***



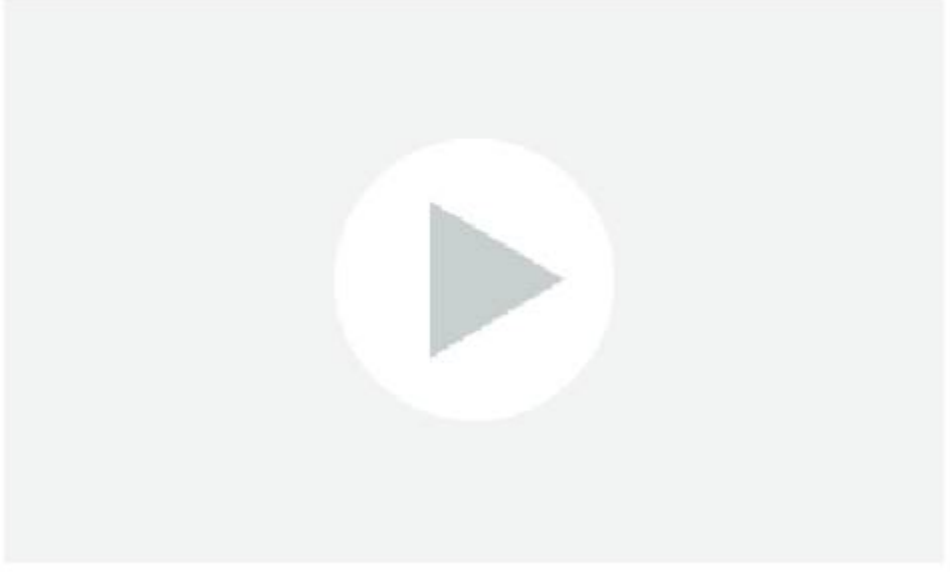
Set the gas flow rate to 15 liters/min and start the gas. In about 2 minutes the bag that is sitting above the head will be inflated with the gas. The gas will continue to flow, leaking out from around the elastic. You can use a mirror to check that it is correctly positioned.

For the next step, hypeventilate for one or two minutes. Then, fully exhale, expelling all the air from the lungs. Pull the bag down over the face until it is positioned around the neck, and take the deepest breath possible.

Within one or two breaths consciousness will be lost. The gas will continue to flow, all the while escaping from around the neck elastic and taking with it any exhaled carbon dioxide. Death occurs within 5 - 10 minutes. The gas will continue to flow, escaping into the room until the cylinder is empty.

Video: ***Betty does Max Dog Nitrogen***

Video: ***Betty & the Exit Bag***



The Sarco

The Exit bag is not the only way to create a no-oxygen environment. The 3D-printed Sarco euthanasia capsule fulfills a similar purpose, albeit with much more style and elegance. However, the physiology of the death is exactly the same. The Sarco uses liquid nitrogen to displace the oxygen within the capsule. The person inside the Sarco breathes freely as the liquid nitrogen turns to pure nitrogen gas, which is then inhaled. It is the lack of oxygen that brings about the peaceful death.

See: *www.Sarco.design*

Concept

In 2010 Exit was contacted by lawyers for Tony Nicklinson, a UK resident with locked-in syndrome. Tony was seeking to end his life at home. There was no question about mental capacity. The problem was Tony's physical inability to make use of any existing end of life DIY methods. His lawyers asked Exit whether there was some means by which Tony could end his life, with little or no active assistance from any other person (in order to keep his family safe from a charge of assisting his suicide).

This request prompted Exit's initial thinking about Sarco. The Sarco was devised with the aim of creating a capsule that could be flooded with an inert gas on command, either by pressing a button, or upon voice or eye movement activation. There would be no need to source illegal or restricted drugs and no need to prepare, drink or have injected any such substance. Tony would only need to enter the device, close the canopy and activate the mechanism.

In August 2012, Tony Nicklinson's application to the high court for assistance to suicide was rejected. He died shortly after the decision by refusing food and water.

The concept of a capsule that could be used to provide a reliable, peaceful, even euphoric death with no medical assistance persisted. This persistence led to the development of Sarco. Sarco, short for sarcophagus, is a stylish and elegant capsule which creates a sense of occasion: a sense of travel to a 'new destination', while dispelling the 'yuk' factor associated with the plastic bag.

A short film explaining the concept, collaboration and build of Sarco is at: *https://vimeo.com/333502917*

Design and Manufacture

In order to quickly fill a capsule with nitrogen, expelling any oxygen and inducing a rapid loss of consciousness, compressed gas can not be used. The rapid release of the required amount of compressed gas would be far too noisy. Liquid nitrogen (LN2) offers a very effective alternative.

The Sarco uses a little over 4 liters of LN2 to drop the oxygen level within the capsule to less than 5% in under a minute. It does this silently. The person inside the Sarco will die within a few minutes.

The Sarco base (the generator) and the capsule are both 3D-printed. The capsule can also be used as a coffin. The base containing the liquid nitrogen evaporator can be reused.

Use of the Sarco will ultimately require the safeguard of an online medical capacity test (using AI - artificial intelligence). This test is in development. Successful completion of the mental capacity test will generate a four-digit access code which will be valid for 24 hours, and will allow the activation of the Sarco.

Testing and Operation

The first Sarco was 3D-printed in Haarlem in the Netherlands between 2018 - 2020. As large-scale 3D printers are not yet easily accessible, Exit is exploring the ways and means of making pre-manufactured model Sarcos available. The Sarco plans will be published in the *eHandbook*.

Stage 1 (*in vitro*) testing of the Sarco was carried out at the Exit workshop in the Netherlands in 2019 and confirmed the rapid drop of oxygen within the capsule to less than 5% within 30 seconds of device activation.

Stage 2 (*in vivo*) Sarco testing is planned for Switzerland in 2021. The first person to use Sarco will be monitored with ECG and SaO_2 pulse oximetry. Results will be published on completion of the tests.

Sarco at Venice Design, 2019

Sarco in Development & Exhibition

A 1/7, 3D-printed model of Sarco was first unveiled by Philip Nitschke and co-creator, Dutch design engineer Alex Bannink, at the 2017 NuTech conference in Toronto (New Technologies for a Peaceful DIY Death). See: *https://vimeo.com/251493623*

A full-scale, laser-cut wood model and VR (virtual reality) program (which modelled the view from within Sarco) was exhibited in April 2018 at the Amsterdam Funeral Fair.

Sarco had its global launch at Venice Design at the Palazzo Michiel in 2019. A recording of the Exit livestream from Venice featuring the Sarco can be viewed on the final page of the *eHandbook*.

In February 2020, Sarco moved to the Cube Design Museum in Kerkrade in the Netherlands. Unfortunately, the exhibition had only intermittent openings due to the COVID-19 pandemic.

From September 2021, Sarco will be exhibited at the Sepulchral Culture Museum in Kassel, Germany.

Coronavirus Protection Helmets

A third means of creating a no-oxygen, low carbon dioxide environment for a peaceful 'happy hypoxic' death makes use of some of the new helmets (PPEs Personal Protretive Equipment) that have been developed in response to the coronavirus pandemic.

Coronavirus protection helmets are marketed by companies such as Vyzar and MicroClimate Air in the US. They are designed to protect the wearer from coronavirus contamination by drawing in filtered air. Standard industrial protective safety headgear by 3M which is fed by filtered positive pressure air operates on the same principle.

In each of these cases, it should be possible to replace the filtered air supply with pure nitrogen from a compressed gas source. The helmets act as a solid head capsule that replaces the plastic Exit bag. The positive pressure feed of nitrogen prevents any oxygen contamination within the helmet gas from the surrounding environment. This will also keep carbon dioxide levels to a minimum.

The Process

In the case of a helmet, there is no need to pre-fill the space. With air feed operating, the wearer can hyperventilate for 1 to 2 mins, and then switch the helmet gas supply to nitrogen. The flow rate should be set to ~25 liters/ minute or greater to rapidly decrease in oxygen occurs within the helmet. Unlike the Exit bag, with a helmet there will be no immediate loss of consciousness . With a helmet, the period of possible hypoxic disorientation before loss of consciousness may be prolonged for up to a minute.

Testing of the various devices pictured below, in order to establish the rate at which oxygen levels fall in each case is currently being conducted by Exit. Results will be published as soon as available.

Vyzr coronavirus protection helmet

3M virus protection helmet

AIR by MicroClimate Helmet

Exit Citizen Science Initiative (ECSI)

In March 2021, Exit launched a new citizen science initiative, that aims to harness expertise within the Exit community to explore the modification of coronavirus helmets needed for end of life use.

The ECSI initiative sits well with the aims of the NuTech research group which meets every other year to explore and discuss new technologies in the DIY right to die movement. Concepts that could benefit from funding should be submitted to Exit at *exitint@protonmail.com*

Discussion of the ECSI can also be found in the Peaceful Pill forums at *www.peacefulpillforums.com*

THE RPA TEST SCORE – Hypoxia with Nitrogen

Reliability (R = 8/10)
The method is reliable but technique is important and a degree of coordination and dexterity is required

Peacefulness (P = 7/10)
Considered "peaceful" partly because the loss of consciousness comes quickly.

Availability (A = 7/10)
Components are available, but searching may be needed

Preparation (Pr = 1/5)
Care needed with assembly and "setting up" of equipment

Undetectability (U = 5/5)
If all equipment is removed detection is rare. If Nitrogen is the gas used the method is totally undetectable. With Argon or Helium the cause can be established

Speed (Sp = 5/5)
Loss of consciousness comes quickly

Safety (Sa = 5/5)
The method presents no danger to others

Storage (St = 5/5)
Components do not deteriorate with time. Pressure testing can readily establish that the cylinder is full

Legality (L = 5/5)
The items required are not restricted and the method requires no assistance.

Total RPA Score **48/ 60 (80%)**

THE RPA TEST SCORE – Hypoxia with Inert Gas

Criteria	Score
Reliability (10)	*8*
Peacefulness (10)	*7*
Availability (10)	*7*
Preparation (5)	*1*
Undetectability (5)	*5**
Speed (5)	*5*
Safety (5)	*5*
Storage (5)	*5*
Legality (5)	*5*
Total /60 or %	**48 or 80%**

* Note, for argon or helium tests at autopsy can identify the cause of death. Undetectability should then score @ 3/5

Nitrogen Method Summary Supplement

Fig: MaxDog gas regulator (with plastic dust cap)

Preparation of the Regulator and Tubing

Identify the regulator. The regulator may have a plastic dust cap over the right hand end of the brass fitting. A black click setting with numbers from zero to 25 at the other end sets the gas flow rate (in litres/ sec). Rotate the black knob until it shows 15. This is the required gas flow. During storage, the black knob should be set to zero.

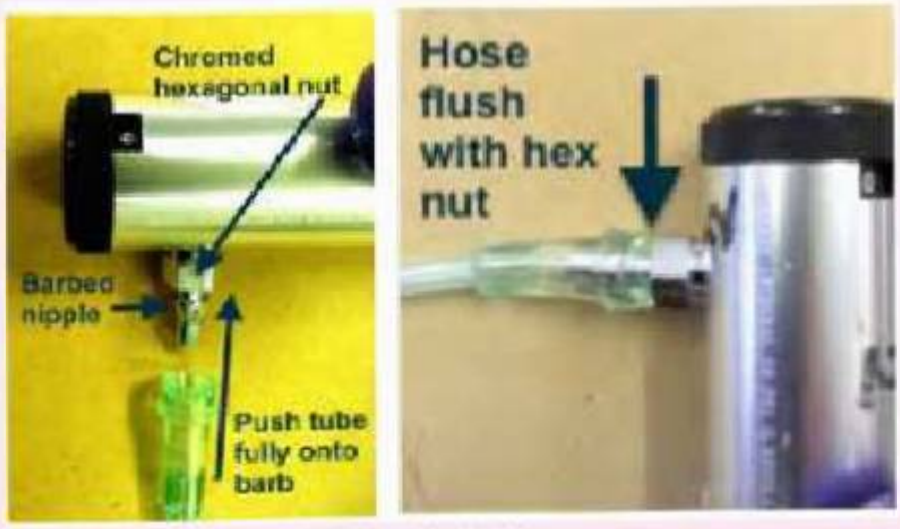


Fig: Connecting the hose

Take the oxygen tube (provided in Max Dog kits outside Australia). Note, this is called an 'oxygen tube' but it is perfect also for use with Nitrogen.

Dip one of the ends of the tube into a cup of very hot water. When pliable, shake off the water and push the end on to the barbed nipple of the regulator.

Make sure that the end of the tube is pushed all the way on to the barbed nipple so that the end of the plastic fitting is flush with the chrome hexagonal nut.

Test to ensure that the tube is attached securely by pulling on it – it should be virtually impossible to pull it off the barbed nipple. If you have any doubts about the secureness of the hose, or are unable to attach it properly, then remove it. Repeat the heating of the end and push it on to the barbed nipple again, this time more securely.

An alternative gas connection can be made using 1.5m of clear Boston PVC food grade tubing 6mm (¼ inch). This can be bought from a local plumbing supplies store.

An alternative connnection system involes using a small hose clamp. This can be placed over the tube and tightened to ensure that it cannot be dislodged.

Note – ensure that it is impossible to pull the hose off the barbed nipple on the regulator.

Fig: 6mm PVC tubing attached to a MaxiDog gas regulator

Connecting the Exit Bag to the Cylinder

There are a few first steps before the Exit Bag can be connected to the cylinder. Firstly, the oxygen tube should be taped to the inside of the Exit Bag. This can be done with 'Micropore' tape or 'Leuko-flex' tape show in fig 5.20. Both tapes grip well but are also easily removed for repositioning. The recommended width of the tape is one inch (~2.5cm).

Fig: Adhesive tape to attach tube to Exit bag

Insert the end of the tube into the open end of the bag. Push the tube up inside the bag to the end. Using the tape, place a number of strips over the tube to hold it in position.

Fig: Taping gas hose to inside of Exit Bag

It is easiest to do this with both hands working inside the bag. Ensure the tape is placed over the tube at regular intervals, right up to the tube's open end. This will require approximately eight pieces of tape.

Tape the hose to the inside of the mouth of the bag, close to its open end. Use two pieces of tape to fasten the hose at the bag mouth to ensure it will not dislodge.

Ensure the Cylinder is Vertical

It is preferrable for the Nitrogen cylinder to be vertical for use. An effective way to ensure that the cylinder is stable and vertical is to secure it to a solid object. The cylinder could be strapped/ taped to a chair or table leg. See below.

Fig: Positionin the nitrogen cylinder

An alternative is to place the cylinder in a market cart (above centre). In order to ensure the cylinder does not flop around inside the trolley, pillows or cushions could be stuffed into the market cart as padding.

Another alternative is to strap the cylinder to a workshop trolley (above left). The uprights of the trolley provide good support. Like the soft canvas market trolley both are moveable which may be convenient in some circumstances.

Attaching the Regulator to the Gas Cylinder

In some countries the cylinder ships with a dust cap. Remove the dust cap from the cylinder. (See right)

Now look at the regulator. Inspect the small black rubber 'O'-ring on the regulator for any damage. If damaged the 'O' ring should be replace.

Fig: Attaching the regulator to the cylinder.

To connect the regulator to the cylinder, slide the brass end of the regulator into the outlet on the cylinder. Note this image is looking down on the vertical gas cylinder.

To fasten the regulator to the cylinder, slide the large brass hexagonal nut onto the threaded part of the gas cylinder outlet..

Hold the regulator firmly with one hand and hand-tighten by screwing the hexagonal nut onto the cylinder thread. You do <u>not</u> need a wrench or other tool to fasten the regulator to the cylinder.

If you cannot fasten the regulator tightly to the cylinder by hand, you can use a wrench but <u>do not</u> over-tighten.

The regular should not be loose or easily rotatable on its axis. To change the angle of the display of the screen on the regulator, loosen the hexagonal nut, then rotate the regulator. Complete this process by re-tightening the hexagonal nut.

Turning on the Gas & Checking for Leaks

1. Set the flow control on the regulator to zero.

2. Turn on the tap on the top of the cylinder. The tap turns anti-clockwise. Turn it for 3 or 4 turns.

3. The pressure in the cylinder will show on the regulator gauge. If the cylinder is full, it will be in the green zone.

4. Listen for the sound of any gas leaking and watch the pressure gauge. If there is a leak, the pressure gauge will fall.

5. If the pressure falls, turn the tap fully off in a clockwise direction, and tighten the regulator, if the leak persists replace the 'O' ring.

Fig: Checking gas pressure

Checking Gas Cylinder Pressure

Max Dog Nitrogen Cylinders vary slightly between country, but they are generally filled to a pressure 13.7 MPa (2000 psi) and contain ~400 liter (20 cuft) of compressed nitrogen. This provides a reliable flow of gas for around 25 minutes at a flow rate of 15 liter/min. This is more than enough for a peaceful, reliable hypoxic death.

To test the pressure of the cylinder, set the regulator flow setting to zero, then turn on the cylinder tap. The needle on the regulator pressure gauge should move from zero to around 2000 psi. This indicates the cylinder is full.

If the pressure gauge points to the left of the green zone of 2000psi (or is in the red zone indicating zero pressure), the cylinder will need refilling.

Preparing for a Peaceful, Hypoxic Death

There are some diseases that make a hypoxic death using an Exit Bag and an inert gas such as Nitrogen or Helium unsuitable (see section on Lung Function using Spirometry). Remember, this method is very technique dependent. Being able to breath fully out (exhale) is a key component of this technique.

1. Make sure the gas cylinder is stable and ensure that it will not roll over.
2. Ensure the tube will not be dislodged if it is pulled after the person becomes unconscious.
3. The optimum position for a hypoxic death is to be reclining comfortably in an armchair, supported by pillows if necessary. Do <u>not</u> lie down. Finally, ensure that the bag will not be dislodged when consciousness is lost.

Things to Remember

Remember, there is nothing poisonous about a gas such as Helium or Nitrogen. The effectiveness of this method comes from the fact that an oxygen-free environment is being created within the Exit Bag.

Fig: Gas flow @ 15l/min

1. With the regulator's flow rate set to 15 l/min, a full cylinder will provide around 25 minutes of continuous gas flow.
2. The nitrogen displaces the oxygen in the Exit Bag. It is the low oxygen environment that causes death.
3. The Exit Bag should be filled with nitrogen before one exhales and pulls the bag down.
4. Once a deep breath is taken, loss of consciousness is almost immediate and death follows soon after.
5. The Exit Bag is <u>not</u> be tight over a person's head.
6. The elastic collar provides a <u>loose</u> fit around the neck when pulled down.
7. The loose fit allows the Nitrogen to flow continuously from the Exit Bag taking any exhaled carbon dioxide with it.

The Process

1. Place the Exit Bag collar around the head, above the ears and scrumple up the bag so there is no air inside.
2. Set the regulator to 15 l/min (see below).
3. Turn on the gas from the cylinder.
4. Remove glasses or other protruding objects such as hearing aids.
5. Wait until the bag is fully inflated with the collar still sitting above the ears. This will take around two minutes. When full, the Bag should look like a balloon. Use a mirror to check. The nitrogen/ helium will begin escaping under the collar of the Bag (see below).
6. Position oneself in a steady, comfortable position.
7. To proceed, take some rapid, deep breaths (hyperventilate). When ready, exhale completely, grasp the Bag with both hands, one on each side, and pull the bag down over the head.
8. With the Bag fully over the head, take a deep breath.

Fig: Filling the Exit Bag

Fig: The Exit Bag over the head

Changing Your Mind

Remember, it's always OK to change your mind and this can be done up to the point where consciousness is lost. To put a stop to the process:

1. Release the elastic toggle and pull the bag off your head.
2. Turn the cylinder tap anti-clockwise until it is fully off.
3. When the pressure dial drops to zero, the system is completely closed down and can be disassembled.
4. Undo the brass hexagonal nut on the regulator and disconnect from the cylinder.
5. Put the dust caps (if available) back on the regulator and cylinder.
6. Ensure the cylinder gas tap is fully off.
7. The gas cylinder can then be re-stored (lying down) and the regulator replaced in its box to keep it clean.

The DeBreather

- Introduction
- History
- Physiology
- Development of the R2D
- Aesthetics
- Detectability
- Availability & Review
- Potential Problems when using the DeBreather
- Design modification & product release
- DeBreather RPA Test

Introduction

The DeBreather is a device that enables a person to end their own life by breathing air within a closed system. Normal respiration (breathing) consumes the oxygen in the closed system. The 'by-product' of the respiration, carbon dioxide (CO_2) is continuously removed (scrubbed) from the recirculated air.

As the oxygen level drops, the person experiences a soporific, and almost intoxicating sensation. This leads to a peaceful loss of consciousness and death. The death is peaceful because the De-Breather removes exhaled carbon dioxide. It is a rise of carbon dioxide in exhaled air that normally produces an alarm sensation.

Death using the DeBreather is similar to that obtained using the Exit Bag fed with an inert gas, such as nitrogen (as described in the previous Chapter). There are, however, some important differences: there is no plastic bag involved, and there is no need for a compressed gas cylinder.

While the process of 'breathing down' the oxygen level using the DeBreather is slower than sudden immersion in nitrogen that occurs when an Exit bag is used (and the time taken for loss of consciousness to occur is longer), the physiology of the death is the same. Death from inhalation in a low oxygen (hypoxic), low carbon dioxide (hypercapnic) environment.

History

The DeBreather was conceived by Canadian right to die activist John Hofsess, and first described in his publication *The Art and Science of Suicide* (Last Rights Publications, 1996–2000). Hofsess described the DeBreather as an apparatus adapted from scuba technology.

In 1998, John Hofsess, Gordon Smith (co-inventor) met with Philip Nitschke in Victoria BC in Canada. Together they founded the NuTech research group. At the meeting Smith's DeBreather prototype was demonstrated. Smith had been working on ReBreathing SCUBA diving equipment and was credited with developing a KISS (Keep it Simple, Stupid) rebreathing diving system.

In diving, it is possible to spend a much longer period underwater if the air is scrubbed of carbon dioxide. This way the compressed gas tank needs only to top-up the oxygen that is actually used. The closed system also meant that there was no exhaled air bubbling to the surface (and disturbing marine life). At the Victoria meeting, Smith demonstrated his modified system where no top-up oxygen was provided. The Rebreather was thus renamed the *De*Breather. Smith & Hofsess claimed that the device would 'deplete oxygen and induce death naturally, with no poisons, no compressed gases, and no restricted medications'.

The Smith-Hofsess DeBreather as demonstrated in BC, Canada 1998

At the NuTech meeting in Seattle the following year, a volunteer fitted the face mask and demonstrated that the oxygen level in the closed system could be readily reduced to < 10% with a few minutes of regular breathing. In the two years that followed, the Smith-Hofsess DeBreather was used by over ten people to peacefully end their lives. A record of these events was published in 2010 by Canadian researcher, Russell Ogden.

'The debreather: A report on euthanasia and suicide assistance using adapted scuba technology' - See: *http://bit.ly/2TjDhlO*

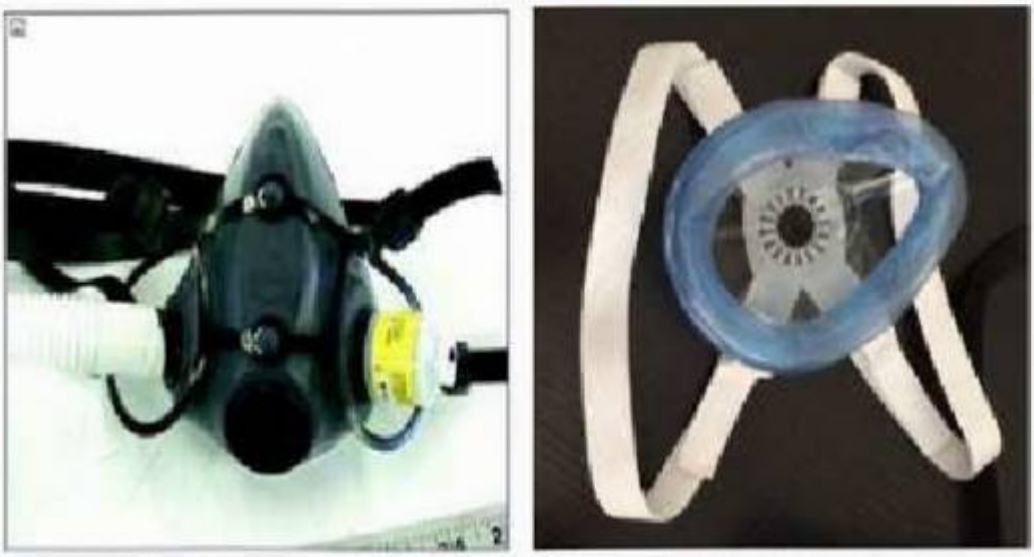
Of the 10 cases described, there eight 'successful' deaths and one failure. The mean time to death was 25 minutes. In most cases, sleeping medication was taken prior to use. In five of the reported cases, the DeBreather was applied by the assistant after the person was asleep. In his paper on the DeBreather, Ogden draws attention to difficulties in using the equipment, in particular, the problem maintaining a good air seal between the facemask and the face.

In most of the cases, an assistant was needed to ensure that the seal was maintained. When consciousness is lost, there is an inevitable change in muscle tone and facial contour. The involvement of an assistant in such a situation remains a cause for concern as it changes the situation from one of suicide, to one of suicide assistance which can bring significant legal risk to the assistant.

This legal problem led to the abandonment of the Smith-Hofsess DeBreather and attention turned to the use of inert gases and an Exit Bag.

As if to prove the old 'plus ca change' adage true, a modified DeBreather was presented at the 2017 meeting of NuTech in Toronto Canada. This *R2D ReBreather* claimed to have overcome the problems of the earlier model and the model was jointly awarded the 2017 NuTech development prize.

It is the new *R2D* DeBreather that is reviewed in this chapter.



The different facemasks used in the 1998 Smith Hofsess & the 2017 R2D DeBreathers

Physiology

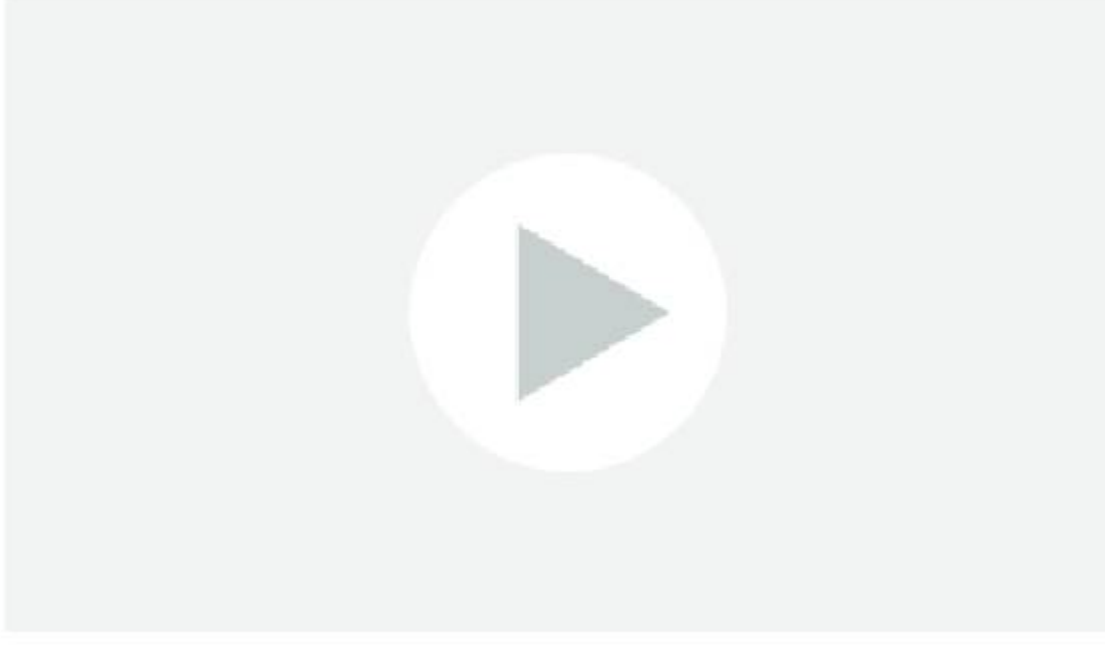
The DeBreather creates of a low oxygen (hypoxic), low carbon dioxide (hypocapnic) environment that can peacefully end the life of the user. The closed system contains several liters of air. This air has an initial oxygen O_2 level of 21%. Nitrogen at 79% and carbon dioxide CO_2 of ~0.04%. This air is inhaled. On expiration, the exhaled gas has an oxygen level of ~ 17%. and ~4% carbon dioxide. As this exhaled air passes through the soda lime scrubber, the carbon dioxide is removed, and what remains in the system is a gas where the oxygen level drops with each breath, but with no associated rise in carbon dioxide.

Provided the system remains closed, with no additional oxygen entering the system (from, for example, a poorly-fitting face mask) the process will continue with little discomfort. Breathing will be easy. Once the oxygen level drops to around 5 -10%, loss of consciousness occurs and with a further inevitable drop, death.

The time taken for death to occur using the DeBreather depends predominantly on volume of gas in the closed system, and the rate at which the oxygen is used. This depends on DeBreather design, and the size, body weight and lung capacity of the individual.

Of importance is the total removal from the closed system of exhaled carbon dioxide. This is a function of design. The original Smith-Hofsess system made use of a reciprocating system with exhaled air passing through the absorber (scrubber) into a reservoir (the 'counter lung/) and then inhaled back through the scrubber. Their scrubber used a solution of lithium hydroxide which combined with the carbon dioxide to form lithium carbonate.

Video #1: The R2D DeBreather

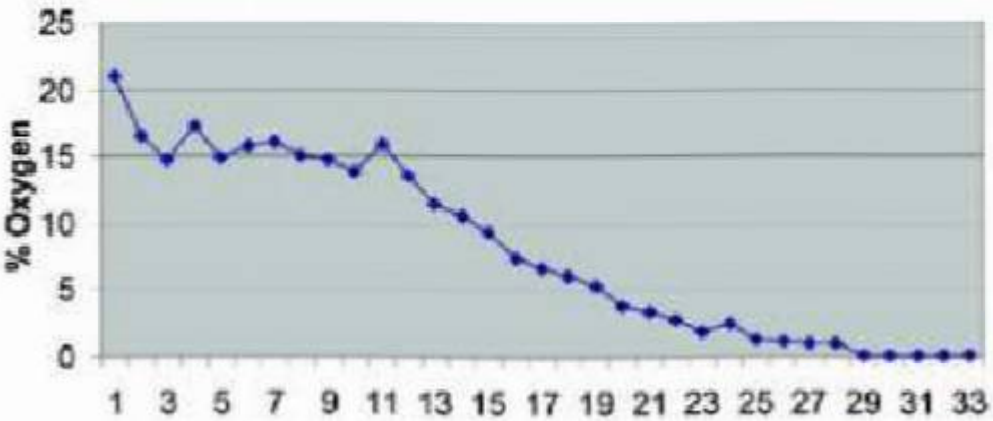


Video #2: The R2D DeBreather

The *R2D ReBreather* uses a circular gas flow through twin canisters of soda lime as the scrubber. The soda lime is comprised of granules of calcium hydroxide with a small percentage of sodium hydroxide, and an added dye which changes colour to indicate any granule deterioration. Soda lime is a very effective absorber of CO_2 and is widely use in anaesthetic respirators. Although it is more bulky than lithium hydroxide, it is cheaper, and the associated dye provides a simple safety check on its efficacy.

The biggest problem with any DeBreather is the need to maintain a closed gas system. No external air can be allowed into the closed system. This means there must be a reliable seal between the facemask and the face, even when facial muscle tone changes as consciousness is lost. As discussed in the COVID-19 Chapter, Exit suspects that further modifications to the DeBreather, by way of CPAP or BiPAP masks (which are positive pressure systems), may be a further welcome development.

This problem with ensuring a good seal can also aggravated by the presence of significant facial hair/ beard etc. In one of Ogden's reported deaths, the oxygen level in the system was found to plateau, fluctuating around 15%. This was due to air leakage caused by a poor facemask seal. At 13 minutes, the assistant had to applied pressure on to the mask to ensure a seal; the oxygen then dropped steadily till death occurred (see graph below).



Oxygen level with time in an assisted death using the Smith Hofsess Debreather

R2D Development

For a DeBreather to be lawful, the equipment must be able to be used without assistance. Any method that requires monitoring and possible intervention by another party presents legal risk. This was the concern that led to the abandonment in 2002 of the Smith- Hofsess model.

The *R2D ReBreather*, as demonstrated at the 2017 NuTech conference, solves the problem of air leakage. It does this by making use of a new generation of sealing facemasks. These masks incorporate an air-inflated cuff that seals to the face. These sealing facemasks were developed for home medical devices such as CPAP machines. The R2D ensures a reliable seal by providing a range of inflatable cuff facemasks. It also provides a chin strap (with a velcro attachment) to position and securely hold the mask in place.

The *R2D ReBreather* showing:

- Packaged kit
- Exposed facemask with inflatable cuff and connecting hose
- The twin sod lime carbon dioxide scrubber canisters

The R2D 4 liter gas reservoir

The R2D comes in a neat carry bag containing:

- 3 adult facemasks - Sm (size 4), Med (size 5), Large (size 6)
- velcro chinstrap, mask attachment and cuff inflating syringe
- twin soda lime canisters and a gas reservoir
- connecting tubing

The self-inflating reservoir has a volume of ~ 4 liters. With the hose and scrubbers and the gas in the user's lungs there is an initial total volume in the closed system of ~ 10 liters, or about 2 liters of oxygen to be consumed before death.

Triple flexible 2 cm hoses connect the soda lime scrubber canisters and the gas reservoir to the facemask. This provides unrestricted airflow, even on deep inspiration or expiration. Two hoses carry the expired air to the scrubber. On inspiration, the gas is returned through the third hose. The hose valves (at the facemask-coupling) maintain a circular gas flow, preventing any mixing of scrubbed and un-scrubbed gases.

The critical improvement of the R2D over the earlier Smith-Hofsess model DeBreather is the clever use of the velcro chinstrap and the use of the inflatable cuff facemask. The air cuff of the facemask is first inflated with the included syringe, then placed in a comfortable and sealing position. This seal is then maintained even when the wearer loses consciousness.

From a legal perspective it is important to note that the DeBreather has more than one use. If an external supply of oxygen is added, the R2D can be used to protect the user from toxic chemicals and smoke. For example, first-responders could use the DeBreather when attending to dangerous industrial fires and so on. The DeBreather comes with warning labels that state 'any use without an additional supply of oxygen could result in loss of life'.

Aesthetics

One of the main objections to the plastic Exit Bag is the 'Yuk' factor. It is common for people to say, 'I don't like the idea of a plastic bag over my head, and I don't want to be found like that!' Even though this adverse reaction is purely one of aesthetic (rather that the very effective physiology of the method), the aesthetics are often enough to make the person turn to other methods. Indeed, the Sarco project has been driven, in part, by a desire to make the hypoxic death more 'appealing'.

Mannequin demonstrating the correct positioning of the chinstrap that holds the R2D facemask: See Video

Lateral & oblique views showing facemask fitted with velcro retaining straps

In this respect, the aesthetics of the R2D could elicit a similar adverse reaction. As one person has commented 'when I die I want to look like sleeping beauty, not Hannibal Lecter!' Inevitably some folk will shun the DeBreather (as they do the Exit Bag) because of the aesthetics (even in the post-COVID world), but it is horses for courses, and the method is, nonetheless, effective and peaceful.

Detectability

One of the advantages of a hypoxic death, (eg. using an inert gas like nitrogen, or the DeBreather) is that if the bag or facemask is removed after death (but before the death is confirmed by a doctor), there is no way that the exact cause of death can be established. This is why the Exit bag + nitrogen is said to be the only totally-undetectable end of life method.

However, because the DeBreather requires a well-fitted, sealing facemask, there is the possibility that the mask (upon removal) will leave a impression mark on the face. This may lead the death to be investigated as no 'natural' death leaves a mark of this nature.

Review & Availability

The 2020 model of the R2D DeBreather has been tested in the US by a Final Exit Network research team and by Exit International in the Netherlands. Testing involved monitoring the level of oxygen and carbon dioxide in the system. The unit was checked for ease of positioning of the chin strap, the effective sealing of the facemask, and the overall comfort of the R2D.

US tests had three volunteers breathing down the oxygen to the predetermined point of 14%: which is equivalent to an altitude of 3000 meters. As one FEN researcher, Neal Nicol said, 'the mask was comfortable and it took only a few minutes to get the O_2 level down, dropping at a rate of ~ 2%/ min. There was no significant rise in CO_2 level, and no leakage detected, even with a beard'. Time to loss of consciousness was predicted to take ~ 10 mins.

In the Netherlands, an air pump circulated 12 liters of air through the closed system @ 2 liters/ minute. A burning candle was used in the experiment - a candle consumes oxygen at approximately the same rate as an adult (250 ml/ min). Levels of oxygen and carbon dioxide in the system were monitored. Again, no detectable rise in CO_2 was detected, and the oxygen level dropped steadily until the flame was extinguished.

In all trials, when the facemask was fitted and the DeBreather attached it was found to be comfortable and breathing was easy. With the R2D facemask it is possible to recline comfortably (unlike with the Exit Bag). This means the DeBreather could be used outside, at the beach, in the forest etc. One could lie back and gaze at the (fading) stars. Drifting to one's death.

Potential problems when using the DeBreather

- A user with chronic respiratory failure, high ambient CO_2 and respiratory acidosis. In this situation effective removal of the CO_2 respiratory drive could cause breathlessness and panic.
- A user with low tidal volume (shallow breathing) compared with the dead space of the R2D. In this case there would be ineffective CO_2 removal.
- Any air leaks in the canister seals, face mask or counter lung.
- Any damage or contamination of the scrubber.
- Anxiety precipitated panic attack by the user with associated breath holding.

The successful use of the R2D DeBreather is technique dependent. The ability to practice fitting and using the device with the scrubber removed and the counter-lung open to the air, would also be particularly useful.

The R2D DeBreather Design Modification

Richard Avocet <*ravocet@protonmail.com*> the R2D inventor informed Exit in June 2020 that a number of design modifications of the device would be implemented. These improvements are described as...

It's a better design, more resistant to possible leaks, has a better one-way valve, and most important, it seals the canisters of soda lime in separate barrier bags which permits immediate access to the rest of the components. This allows practice using the mask and chin strap to learn how to ensure an airtight seal between the mask and your face.

The modified DeBreather began shipping in April 2021.

The device is available at: *www.right2die.org*
The cost (ex shipping) is US$190 and shipping is via DHL or UPS.

Exit would appreciate reports of experiences, both positive or negative, with the device. This feedback information will be made available in future updates to this book.

Confidential reports can be forwarded to Exit on:
exitint@protonmail.com

The DeBreather RPA Test (with inert gas comparison)

Reliability (6*/10) The * as there is at this state too little information on its use. The concern is that there maybe some as yet undiscovered issues re mask sealing etc.

Peacefulness (8/10) Rated at 8. One can lie back and relax - something that is not possible with the Exit bag.

Availability (8/10) When available, purchase is/ was easy.

Preparation (3/5) There is some degree of preparation. Specifically ensuring the mask is comfortable and well fitted.

Undetectabiity (4*/5) Good (with mask removal) but not 100%. Post mortem mask face marking could be an issue.

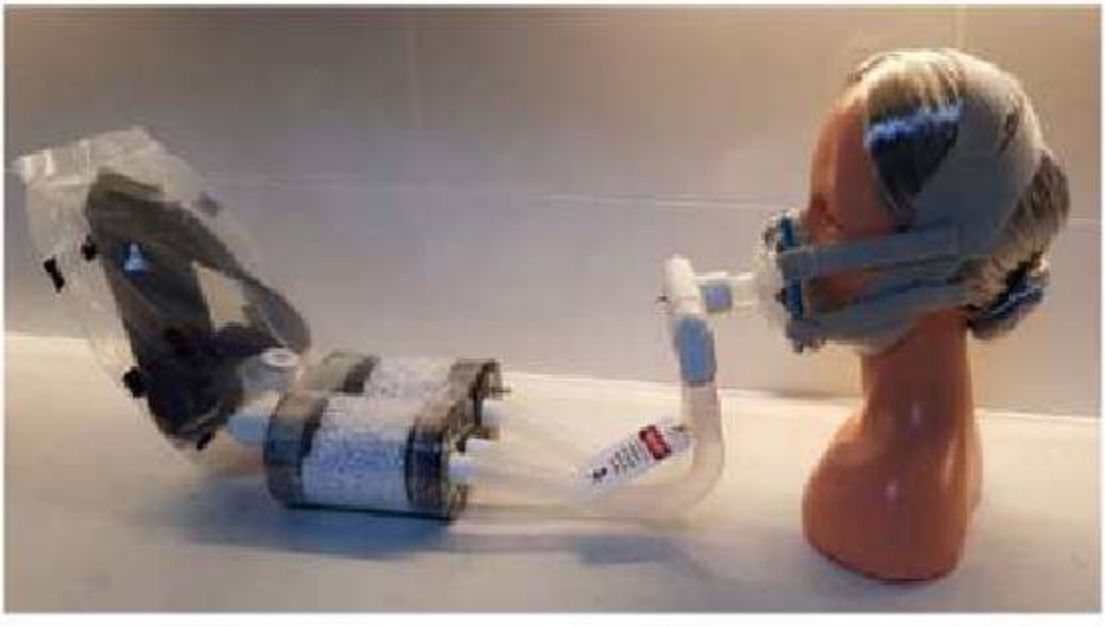
Speed (3/5) It is necessary to breath down the closed loop oxygen and this takes some time. Loss of consciousness is not as fast as with the effective use of a nitrogen Exit bag.

Safety (5/5) There are no safety considerations

Storage (5/5) With the soda lime scrubbers kept is the sealed plastic packaging bag, shelf life should be many years.

Legality (5/5) Possession and use of a DeBreather does not breach any laws.

Criteria	DeBreather	Inert gas hypoxia
Reliability (10)	6*	8
Peacefulness (10)	8	7
Availability (10)	8	7
Preparation (5)	3	1
Undetectability (5)	4*	5*
Speed (5)	3	5
Safety (5)	5	5
Storage (5)	5	5
Legality (5)	5	5
Total (60)	**47 or 78%**	**48 or 80%**



Exit laboratory testing of the R2D DeBreather

6

Carbon Monoxide (CO)

- The importance of Concentration of Monoxide
- Testing the Concentration
- Sources of Carbon Monoxide
- Vehicle Exhaust Gas as a Source of CO
- Making Carbon Monoxide
- The COGen Generator
- Charcoal burning as a Source of CO
- The Destiny Euthanasia Machine
- The RP Test for Carbon Monoxide

Introduction

Carbon Monoxide (CO) is one of the most lethal gases known. Its toxicity is due to its ability to strongly bind with haemoglobin which greatly reduces the oxygen-carrying capacity of a person's blood. Areas of the brain sensitive to ischaemia (low oxygen level) are affected severely and a rapid, peaceful death is the common result. The gas is particularly dangerous, as it is a colourless, odourless and a non-irritating gas. Without specialized monitoring equipment, there is no way of knowing that carbon monoxide is present.

Death by poisoning from carbon monoxide can be reliable, quick and peaceful, provided the concentration of the inhaled gas is sufficiently high. In the 1990s, Dr Jack Kevorkian helped more than 50 seriously ill people to end their lives peacefully, using carbon monoxide. Those present at these deaths described the effectiveness and peacefulness of the approach.

PPM [CO]	Time	Symptoms
35	8 hours	Maximum exposure allowed by OSHA in the workplace over an eight hour period.
200	2-3 hours	Mild headache, fatigue, nausea and dizziness.
400	1-2 hours	Serious headache-other symptoms intensify. Life threatening after 3 hours.
800	45 minutes	Dizziness, nausea and convulsions. Unconscious within 2 hours. Death within 2-3 hours.
1600	20 minutes	Headache, dizziness and nausea. Death within 1 hour.
3200	5-10 minutes	Headache, dizziness and nausea. Death within 1 hour.
6400	1-2 minutes	Headache, dizziness and nausea. Death within 25-30 minutes.
12,800	1-3 minutes	Rapid Death

Table 6.1 Effect of carbon monoxide exposure

It is important to establish that monoxide concentration is high enough as periods of time spent in sub-lethal gas levels can lead to serious irreparable damage. From the accompanying table (Table 6.1) it is clear that although death will occur at much lower levels, if one is in the environment for some time, it is strongly recommended that concentrations greater than 1% (10,000 ppm) are generated by the method chosen.

There are often no specific clinical findings to identify this agent as the cause of death, although occasionally the red colouration of 'venous' blood gives a flushed pink colour to the skin of the corpse. This colouration may indicate the cause of death to an examining doctor and its presence will be detected at autopsy. If it is important that the death look 'natural' (and 'suicide' not be stated on the death certificate), then poisoning by carbon monoxide may not be the best choice.

Testing the Concentration of Carbon Monoxide

To ensure that the monoxide concentration is sufficiently high for a peaceful death, it is wise to test the gas concentration. To do this one needs an appropriate meter capable of reading carbon monoxide concentration levels.

Exit has tested several meters for this purpose. The cheapest monitors have only a warning light set to alarm when levels of 50ppm are exceeded. These are of limited use.

Fig 6.2
a) RKI sampling multi-gas meter
b) TPI 707 high level monoxide analyser
c) TPI 770 monitor with sampling probe

Gauges with a digital readout of up to to 1000 ppm (0.1%) can be easily obtained. It is advisable to have a sampling facility on the gauge so that the level produced can be sampled before using this method. Sampling gauges can be modified with a 10:1 reduction, so that levels up to and greater than 1% can be measured.

Gauges used by Exit are shown in Fig 6.2. The multi-gas sampling meter (RKI Eagle) enables the monitoring of carbon monoxide levels, carbon dioxide levels as well as the concentration of available oxygen. This gauge retails for over US$2000 and is primarily used as a research tool. A smaller hand-held device (TPI model 701 carbon monoxide analyser) that measures aspirated gas of up to 10,000 ppm is also shown. This useful gauge costs ~ US$600. A cheaper TPI gauge used by Exit with a modified 10:1 sampling probe (TPI model 770) costs ~US$200.

Sources of Carbon Monoxide

From Commercial Gas Suppliers:

Cylinders of compressed carbon monoxide, either as the pure gas or as a mixture (eg 5% in Nitrogen) are available from scientific gas supply companies. There are no special restrictions but an account will be needed. Table 6.1 lists some available packaging for pure compressed carbon monoxide from BOC. http://www.boc.com/

Cylinders of special gas mixtures that contain lethal levels of monoxide are also used as source gases for some industrial lasers (eg 6% CO in gas used in the Rofin CO_2 slab laser).

See: *http://www.praxair.com/gases/buy-carbon-monoxide-gas*

Carbon Monoxide (CO)

a toxic, flammable, colourless and odourless gas

Grade	Minimum Purity (%)	Cylinder Size	Contents	Pressure (kPa)*	BAR	Valve	Equipment Recommended
Australia							
Chemically Pure Grade 2.0 Gas Code 104	99.5	LD (A)	0.06 m³	10300	103	CGA170	Regulators for CGA170 See Section on Regulators
		9A (G)	4.8 m³	11300	113	CGA350	Regulators for CGA350 See Section on Regulators
		D	0.66 m³	7000	70	Type 30	Regulators for Type 30 See Section on Regulators
		2 (E)	1.8 m³	1100	11	CGA350	Regulators for CGA350 See Section on Regulators
		200	4.85 m³	11300	113		
		300	7.34 m³	11300	113		

Table 6.3. Compressed CO cylinder sizes

Vehicle Exhaust Gas

Carbon Monoxide is produced as an exhaust gas from internal combustion engines. The concentration of the monoxide in the exhaust gas varies, depending on a number of factors and establishing this is critical.

Formic Acid

Carbon Monoxide is produced by a chemical reaction that occurs when the formic acid (HCOOH) is broken down into water (H_2O) and carbon monoxide (CO). The catalyst for this breakdown is concentrated sulphuric acid. The sulphuric acid remains chemically unchanged but is diluted by the water released.

Monoxide generation ceases when all of the formic acid is broken down, or when the sulphuric acid becomes too dilute to catalyze the reaction. Heat is generated in the reaction and this can lead to traces of formic and sulphuric acid in the emerging carbon monoxide. One mole of formic acid (46gm) will produce ~22 litres of carbon monoxide.

The chemical equation is: $HCOOH \Rightarrow H_2O + CO$

Oxalic Acid

Concentrate sulphuric acid can be used to breakdown anhydrous oxalic acid to produce carbon monoxide (and carbon dioxide). Again the sulphuric acid remains chemically unchanged but is diluted by the water produced in the reaction. Less heat is generated in the reaction and there is less likelihood of contamination with vapour from the sulphuric acid. One mole of oxalic acid (~90gm) produces equal molar amounts of carbon dioxide and carbon dioxide.

The chemical equation is: $HO_2CCO_2H \Rightarrow H_20 + CO_2 + CO$

Carbon (charcoal)

The incomplete oxidation of carbon can produce copious amounts of carbon monoxide. As the oxygen available to a charcoal fire decreases the production of carbon dioxide decreases and carbon monoxide increases.

The chemical equation is: $2C + O2 \Rightarrow 2CO$

Zinc and Calcium Carbonate

Powdered zinc can be mixed with calcium carbonate and heated to produce carbon monoxide, along with calcium and zinc oxide. Heat is needed for the process and this offers the opportunity of controlling the process (using an electrical heater).

The chemical equation is: $Zn + CaCO_3 \rightarrow ZnO + CaO + CO$

Vehicle Exhaust Gas as a Source of Carbon Monoxide

Internal combustion engines produce a small percentage of carbon monoxide in the exhaust gas. If this gas is inhaled, death will result. Piping the gas into the car, or running the car in a closed shed are common approaches. In all cases, though, the carbon monoxide will be mixed with a large amount of other foul-smelling exhaust products. One of the benefits of using this gas, peacefulness, is lost.

Older cars tend to produce the highest levels of exhaust carbon monoxide. With the introduction of unleaded petrol in the 80s, there have been controls on the monoxide levels in exhaust gases to meet environmental standards. Since 1997 new cars can emit no more that 10% of the levels of carbon monoxide acceptable in 1976. Mandatory catalytic convertors oxidize most of the produced carbon monoxide to form carbon dioxide.

Despite these significant changes in the emission levels of carbon monoxide, motor vehicle exhaust gas suicides continue to occur at a surprisingly high rate. Indeed, in the period from 1976 to 1995 the rate of exhaust gas suicides in some countries increased faster than the rate of motor vehicle registrations (Routley & Ozanne-Smith, 1998). Possible explanations include the fact that idling motors do not necessarily comply with international standards. Additionally, catalytic convertors do not function when cold. Rather, they require several minutes to warm from a cold start. Of significance though is the increasing number of failed suicide attempts from breathing exhaust gas reported in this period.

This is not to say that the motor car cannot be used as a source of carbon monoxide to effect a reliable death, but there are problems associated with the method. One concern is the mechanical connection of the exhaust to the hose carrying gas to the car. Many modern vehicles have elliptical exhaust outlets. Coupling the exhaust to a round hose, often using plastic tape, can cause problems because of the heat of exhaust gas. If the tape or tube melts or is destroyed by the heat, failure is likely. Fig 6.4 shows a carefully engineered system using metal connections and clamps and heat resistant tubing.

Fig 6.4. The car as a carbon monoxide source

This approach demands meticulous attention to detail and testing is strongly recommended. A carbon monoxide meter should be used for testing. The meter should be placed on the front seat. The car should then be run using the planned setup. The meter can be watched safely from outside the car. The meter reading will soon show if the system will work. If the meter moves quickly off-scale (>500ppm), the method is unlikely to fail. If the meter struggles to rise, even when the motor is started cold and allowed to idle, the system should be avoided.

In addition, careful planning is required to avoid the possibility of intervention. A car running with a hose fed into the back window will almost certainly attract attention. And, even if effective, sitting in an environment of hot, foul smelling, burnt engine waste, just to make use of the tiny percentage of monoxide present, is an unpleasant way to die. In Exit's research of our elderly members' attitudes, only a small number showed interest in using exhaust carbon monoxide.

Fig 6.5
The early CoGen

Fig 6.6. COGen 4 on fume cupboard test bench with acid bottles and CO monitor

Video: *The Exit COGen*

Making Carbon Monoxide (the COGen)

For over a decade, Exit International has investigated the use of carbon monoxide. Since the compressed gas is difficult to source, Exit has developed generators that produce the carbon monoxide gas when and as required. The first carbon monoxide generator (the COGen) made use of the chemical reaction (catalytic breakdown) that takes place when formic acid is added to sulphuric acid.

In the original model (Fig 6.5) the formic acid was placed in an intravenous bag and allowed to drip into the reaction chamber containing the sulphuric acid. The gas produced was then fed to the mannequin using nasal prongs. Filmmaker Janine Hosking recorded this first demonstration at Exit's laboratory in late 2002, and the sequence was shown in the film *Mademoiselle and the Doctor*.

Since that time other methods of carbon monoxide generation have been investigated. Methods include the partial oxidation of carbon (charcoal), the reduction and catalytic conversion of oxalic acid, and the reaction between powdered zinc and calcium carbonate.

How the COGen Works

The COGen consists of two PVC chambers ('A' & 'C', Fig 6.7). The inner chamber "A' is mounted to the screw lid of the larger outer 10cm (3.9 inch) container and has a drip exit 'F' in its base. The drip rate is controlled by a screw 'E'.

150 ml of 85% formic acid is placed in chamber ('A') with the control-valve shut.

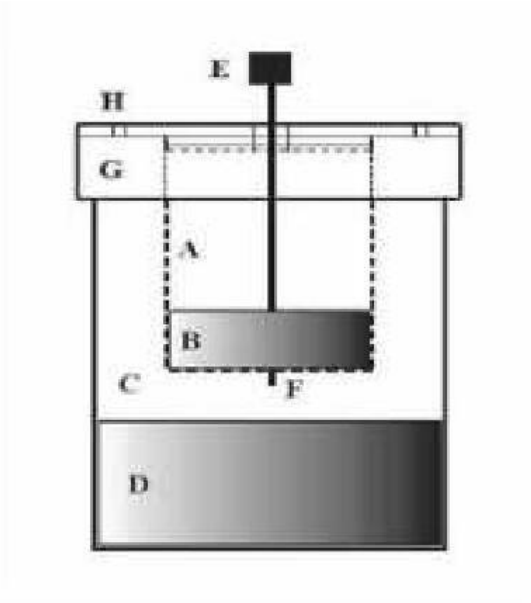


Fig 6.7 The COGen & acids

250ml of concentrated sulphuric acid (98%) is placed in the outer chamber 'D' and the COGen assembled.

Opening the screw 'E' allows the formic acid to drip into the concentrated sulphuric acid. Copious amounts of carbon monoxide are released and exit the chamber through vent holes in the lid 'H'.

The Video shows the COGen being armed and placed in a small car. The carbon monoxide concentration in the car was continuously sampled with a probe positioned near the head of the mannequin. The graph (Fig 6.8) shows the measured concentration in ppm, plotted over the first 30 minutes. Lethal concentrations were reached a few minutes after switching on the generator. A peak level of ~3% CO was recorded.

Sourcing the Acids

Concentrated sulphuric acid (98%) can be purchased from chemical suppliers or at hardware stores where it is sold as a drain cleaner. Concentrated laboratory sulphuric acid is an oily clear liquid, whereas the drain-cleaner sulphuric acid can be dark brown in colour because of additives, but this does not effect the generator's operation.

Formic acid is available from chemical supply companies. Home hobbyists use formic acid in tanning or bee-keeping. Formic acid can also be purchased online through chemical supply websites.

Oxalic acid is used as rust and stain cleaner and can be purchased from hardware stores.

Safety Note

Concentrated formic and sulphuric acids are corrosive liquids. They should be kept secured in glass or polyethylene containers (plastic soft drink/ soda bottles are not suitable). When using sulphuric acid, rubber gloves should be worn along with eye-protecting goggles and a face-splash protector. Spills of acids on to the skin should be washed off immediately with copious amounts of water. If either of these acids gets in the eyes, wash the eyes continuously for several minutes and then seek medical assistance.

Generating Carbon Monoxide using a Charcoal Burner

This method of generation is commonly used as it is simple to set up and all necessary items are readily obtained. A charcoal burner can made from a steel container or by using a brazier or using a pre-packaged charcoal BBQ grill.

If you make your own burner, obtain good quality charcoal to reduce the level of unwanted smoke. You will also need a car, or other small room that can be sealed.

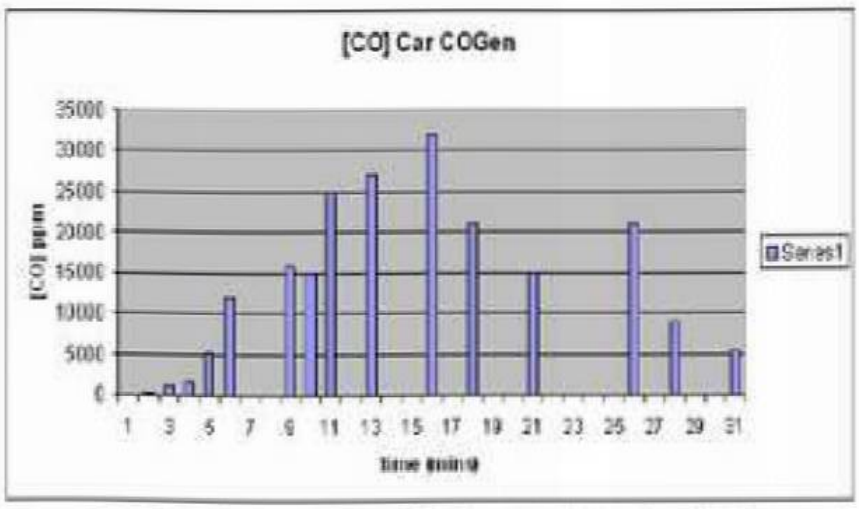


Table 6.8 CO concentration with time using COGen in a vehicle

In the series of experiments carried out by Exit, a small pre-packaged charcoal burner was set alight and placed on the floor in a small car. The level of carbon monoxide inside the car was continuously monitored.

Other tests were carried out using a sealed 20ft shipping container as the closed environment. A brazier was loaded with 1.5 Kgm of good quality charcoal which was then set alight and placed in the centre of the floor. The container doors were shut (see Fig 6.10). Again, the carbon monoxide concentration within the container was continuously sampled from outside using a sampling probe.

Fig 6.9 Test vehicle with BBQ charcoal burner

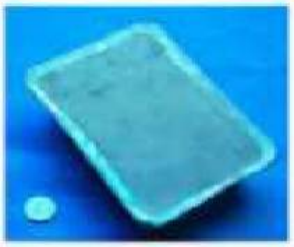


Fig 6.10. Charcoal burner/brazier and test shipping container

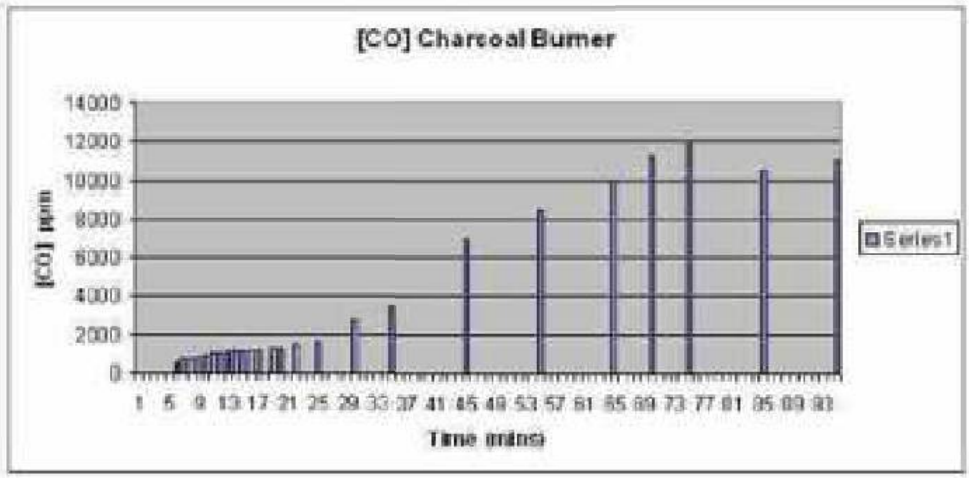


Table 6.11. CO concentration with time in test shipping container

The Destiny Euthanasia Machine

In early 2012 Philip Nitschke was contacted by Mr Paul Bowen QC who was for acting for British man, Tony Nicklinson. Tony suffered from 'locked-in syndrome' following a stroke some years earlier. See: *http://bit.ly/1KIEhqz*

Tony and Paul wanted to know if it was possible to build a new Deliverance Machine; a machine that would enable Tony to blink an eye and receive a dose of a lethal gas. Dr Nitschke grasped the opportunity and set to work on a euthanasia machine that could be easily operated by a person with limited mobility. The goal was a machine that would reliably and peacefully cause death, and would require no special skill to apply. One whose operation could be initiated by a button press, or by a

Table 6.12. Destiny CO Machine

voice or eye movement. The result was the 'Destiny Machine' first shown publicly as part of Philip Nitschke's 'Dicing with Dr Death' show at the Edinburgh Fringe in August 2015. Media stemming from the Edinburgh Fringe is at:

The Independent: *http://ind.pn/1VRumkf*
The Daily Mail: *http://dailym.ai/1Jf8FGz*
The Daily Record: *http://bit.ly/1iC6cvl*
TV Bomb Review: *http://bit.ly/1Q6hYZX*

Design Considerations

Following discussions with Neal Nicol, a long-time associate of Dr Jack Kevorkian, features of the earlier Deliverance Machine and Dr Kevorkian's own Mercitron Machine were integrated. The Mercitron had been used by Kevorkian and Nicol in the assisted suicides of ~ 50 patients in the US in the 1990s.

The gas that is used in the Destiny is the same compressed carbon monoxide/ nitrogen mixture (9%/91%) that was used in the original Mercitron. Delivery of the gas at ~4 liters/min is through simple nasal prongs. Gas control is determined by a modification of the original Deliverance program where a positive response to three separate questions, either through button press or other means, activates the gas control relay.

As a safety measure, a finger cuff provides the person's cardiac rate and oxygen saturation input to the Rasberry Pi microprocessor. This microprocessor controls the process and presents the questions. The person's cardiac trace, heart rate and oxygen saturation is displayed . When cardiac function ceases and oxygen saturation drops to zero, the microprocessor terminates the gas flow.

Construction of Destiny

Construction of Destiny began in 2014. Input for the first machine is a 'Yes' green button and a 'No' red button which both feed into the Raspberry Pi microprocessor case. Secondary input is from a pulse oximeter (CONTEC CMS50D+) which provides pulse waveform, heart rate and saturation via USB input of 5.2v power from a USB source. Output in the form of a visual display is via HDMI to a screen displaying the person's cardiac trace, oxygenation and pulse, along with the sequential presentation of the three questions.

- *Are you aware that if you proceed to the last screen and press the 'yes' button you will be given a lethal dose of fast and die?*
- *Are you certain you understand that if you proceed and press the 'yes' button to go to the next screen that you will die?*
- *If you press this button in 15 seconds you will die*

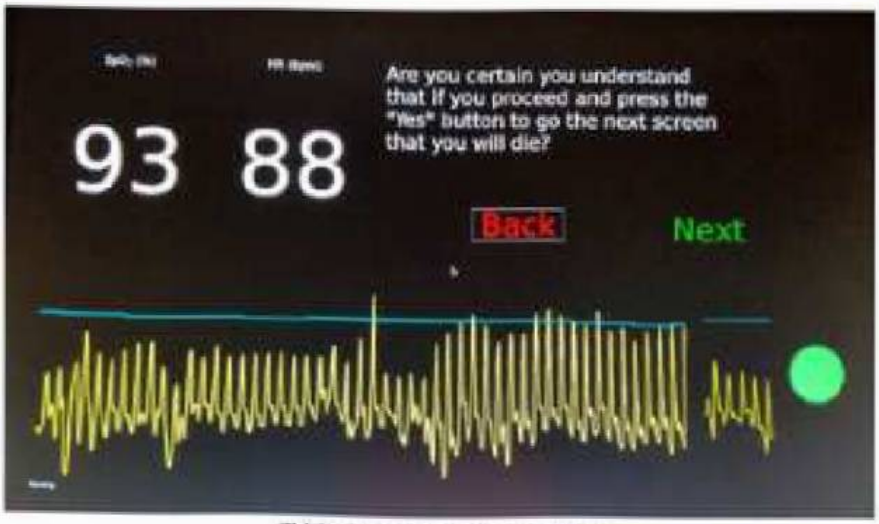

93
88
Are you certain you understand that if you proceed and press the "Yes" button to go the next screen that you will die?
Back
Next

Table 6.13. Destiny screenshot

The gas source is a compressed Nitrogen/CO mixture (91%/ 9%) at 2000psi, regulated with a Max Dog Brewing nitrogen regulator. This provides a flow rate of 4 litres per minute. The 91%/9% combination was chosen because it is quickly and effectively lethal. Importantly, this concentration of carbon monoxide is also not considered flammable. Flow is controlled by the microprocessor which activates a relay gas valve. Power is provided from a 9v battery pack.

Testing & Use of Destiny

At the time of publication, the Destiny Machine has not been used to end life. The machine has undergone extensive testing with volunteers. The Destiny Machine has shown itself to be 100% reliable in operation and gas control, when used with nitrogen gas.

The sourcing of small (150 litre/ 5 cu ft) cylinders of the Nitrogen/ Carbon Monoxide mix is currently under examination and will be reported on when available.

Warning

It is stressed that carbon monoxide is an extremely lethal gas. A person using this gas to end their life should be aware of potential risks to other people present. Always place a warning sign in a prominent position to prevent any accidental exposure to other people. This danger is greatly reduced when administration is via the Destiny Machine because of the minimal amount of lethal gas used.

Legal Comment

Carbon monoxide, much like the inert gases mentioned in the previous Chapter, are also able to be obtained and possessed lawfully in countries such as the United States, the United Kingdom and Australia. This includes cylinders, charcoal burners and other items described that can be used to produce carbon monoxide.

Conclusion

Carbon Monoxide can provide a person with a peaceful death. The gas can be obtained in a variety of ways ranging from direct purchase, simple burners, or more sophisticated generating devices. Tests should be made to ensure that concentrations of over 1% can be delivered. The Destiny machine addresses many of these issues.

Most interest in this method has come from those who reject the taking of drugs orally (eg. for fear of vomiting) and by others who reject the use of helium because of the need for a plastic bag to be placed over one's head. The Destiny machine and the COGen address these concerns. In particular the Destiny machine has the ability to be used by persons with significant disability (quadriplegics, people with advanced MND etc).

Exit RP Test for Carbon Monoxide

The method loses points in the subcategories of Preparation, Undetectability and Safety.

Preparation is not simple (Pr=2), there is equipment present at the death, and if using a COGen preparation with concentrated acids requires care. Using compressed nitrogen/ carbon monoxide mix will greatly simplify Preparation moving from 1/5 to 3/5.

This method may be detectable on inspection of the body (U=1), and can present some risk to others (Sa=1). The action of the Destiny machine in reducing the amount of monoxide used to a minimum significantly reduces the danger to others. Safety moving from 1/5 to 3/5

RP test result 33 (66%), for Destiny RP is 35 (70%)

Criteria	Score
Reliability	***9/10***
Peacefulness	***8/10***
Availability	***3/5***
Preparation	***2/5***
Undetectability	***1/5***
Speed	***5/5***
Safety	***1/5***
Storage	***4/5***
Total	***33 (66%)***

Detergent Death

Since 2009, Exit has received requests for information on the so-called 'Detergent Suicide' method of ending one's life. While answers were provided to those asking the questions, it was not thought necessary to include details of the method in *The Peaceful Pill Handbook*.

This decision has been reviewed in 2011 and this chapter included. We stress however that the method scores poorly on the Exit RP test, and has little to recommend it. It is in effect a cheap and nasty suicide strategy, and readers are advised to consider other better alternatives outlined in this book.

The Method

The method makes use of the toxic nature of the gas hydrogen sulfide (H_2S) and it's ease of generation from readily available (unrestricted) household chemicals. Hydrogen Sulfide (commonly known as 'rotten egg gas') is extremely toxic when inhaled.

The mechanism of action is similar to that of hydrogen cyanide where the gas binds with and destroys the function of mitochondria within living cells. The gas is as toxic as hydrogen cyanide, but accidental exposure is uncommon because of the strong and unpleasant smell noted with even the smallest concentrations of the gas.

Concentrations of over 0.1% (1000ppm) will lead to immediate loss of consciousness and rapid death. Production of the gas in a confined space (with levels in excess of 1%) will cause certain death.

Fig 8.1 Simple ingredients used in Detergent Suicide

Production of the Gas

The gas is easily produced using readily available ingredients. The usual method employed is to add a concentrated acid to an inorganic sulfide. For example adding concentrated hydrochloric acid to calcium sulfide leads to the rapid production of the gas.

$$2HCl + CaS \rightarrow H_2S + CaCl$$

The sulfide used in the early spate of Japanese suicides was reported as 'bath sulphur' a product used as a supplement added to bath water for therapeutic use. In western countries where there is little interest in sulphur baths, the commonest source of sulfides is the readily available 'Lime Sulphur' used as a common fungicide and insecticide by home gardeners. The major ingredient is calcium polysulfide (CaS_x) in aqueous solution.

The addition of a strong acid to Lime Sulphur liquid in a plastic bucket results in the copious production of hydrogen sulfide gas. Common acids that release the gas include hydrochloric acid (HCl) available from hardware stores, and used as a paving, brick or toilet bowl cleaner, or as a swimming pool chemical, where it is used to lower the pH of the pool. An alternative acid that can be used in sulphuric acid (H_2SO_4) (See Chapter 6) which is used in vehicle lead acid batteries.

Problems with the method

While the ingredients required to make the gas are readily obtained, and unrestricted, the use of the gas to end one's life presents a number of significant problems. Of major concern is the risk to others when large amounts of hydrogen sulfide gas are produced. Apart from the likelihood of annoying everyone in the area with the stink, there are real dangers to those who might try to enter the area or attempt resuscitation. Indeed emergency personnel are trained to be careful entering an area where this gas is suspected, and not to attempt mouth to mouth resuscitation.

Clearly if one is planning to use this method it is essential that a site is chosen where leakage of the gas can not endanger innocent people and prominent warning signs should be displayed. The use of a car parked in an outdoor location with warning signs displayed prominently on the windows would seem to be the most responsible choice.

While it has been reported that as the concentration of the gas rises,there is a rapid inhibition of the sense of smell, so that one does not necessarily experience the sickening stench right to the point of death, it could not be considered a particularly peaceful.

The Exit RP Test for Hydrogen Sulphide (H_2S)

The method scores poorly for Peacefulness (P=3), but high on Reliability (R=10).

Considering the minor criteria:

Availability & Speed score well at 5/5, Preparation & Storage at 4/5.

However on Safety and Detectability, only the lowest score would be appropriate, giving a total score of only 31 (62%).

The RP test for Hydrogen Sulphide (H_2S)

Criteria	Score
Reliability	***10/10***
Peacefulness	***3/10***
Availability	***5/5***
Preparation	***4/5***
Undetectability	***0/5***
Speed	***5/5***
Safety	***0/5***
Storage	***4/5***
Total	***31 (62%)***

Lethal Inorganic Salts

- Sodium cyanide
- Sodium selenite
- Sodium azide
- Sodium nitrite

Introduction

This Chapter examines a number of non-drug substances that provide a reliable death when ingested. These substances are manufactured for other purposes but are also useful in ending life. Three soluble inorganic salts are considered in this Chapter. They are all water-soluble solids that, when dissolved and taken as a drink, bring about a reliable death. They differ in mode of action, cost and availability. These details are examined below.

Ramon San Pedro

Sodium cyanide - NaCN

The death of Spaniard Ramon Sampedro in 1998 and the subsequent award-winning film *The Sea Inside* focused attention on the use of sodium cyanide as an effective means by which a seriously ill person can put an end to their suffering.

Sampedro, a quadriplegic since a diving accident at age 26, ended his life by drinking a glass of water in which soluble potassium cyanide (KCN) had been dissolved. He died quickly, and peacefully. Many people who have seen *The Sea Inside* have asked why these cyanide salts are not more frequently used to provide a peaceful death. In this Chapter we explain some of the difficulties involved in using cyanide and provide some answers.

Background to Cyanide

In 1814, the French chemist, Joseph Gay Lussac, isolated and given the name 'cyanogen' to the carbon-nitrogen (CN) 'radical' that is common to a number of chemical substances. A subsequent name, 'the blue generator', referred to the place of the CN radical in chemicals that were used as blue dyes. The Prussian Blue of blueprints (iron ferro cyanide) is perhaps the best known. In many of these compounds, the CN radical is so tightly bound that the substances are relatively non-toxic.

With the discovery of substances where the CN radical was not so tightly bound - the gas hydrogen cyanide, hydrocyanic acid, and simple salts like potassium and sodium cyanide - it was soon realized that cyanide was extremely toxic to animal cells. By destroying the mitochondria, an essential element within each cell, the CN radical caused rapid cellular death. This causes a red complexion as cells are unable to utilise oxygen in the blood, and death is by cerebral anoxia.

In 1921, cyanide gas (hydrogen cyanide, HCN) was proposed as a humane method of execution and led to the passage of the 'Humane Death Bill' in Nevada. The gas was first used to execute Gee Jon in 1924. Since that time nearly 1000 people have died in the execution gas chambers in the US. All gas chambers used the same method to produce cyanide gas. Pellets of sodium cyanide were dropped into sulfuric acid to release the gas which then enveloped the prisoner.

Hydrogen cyanide is a volatile liquid and can be stabilised and absorbed onto a substrate. In this form (Zyclon B), it was used by the Nazis during the Holocaust. Originally developed as an insecticide, the pellets were kept in sealed containers. When the pellets came into contact with air, HCN gas was released.

Today, cyanide compounds are widely used in industry. Vast quantities of the cyanide salts are produced for use in the gold mining, metallurgy, electroplating and photographic industries. Their toxicity is well known and despite the large quantities used, they remain heavily restricted and difficult to obtain.

Can Cyanide provide a reliable and peaceful death?

Those watching the cinematographic depiction of Sampedro's death would have cause to believe that a death resulting from the ingestion of cyanide salts is peaceful. Unfortunately, not all reports of cyanide deaths support this view. Indeed, there is considerable variation in accounts. While reliability is not an issue, the question most raised relates to the method's 'peacefulness.' Just how peaceful is it to die with cyanide?

Most accounts of death from cyanide poisoning come from witnesses to gas chamber executions where the (unwilling) prisoner inhaled HCN. One study undertaken at San Quentin prison showed that, on average, consciousness was lost within one to three minutes, with death occurring after nine minutes. These deaths were often peaceful with the prisoner falling quickly asleep.

On some occasions, however, a violent (and presumably painful) death was observed. This method of execution was largely abandoned in the US in 1994 when the American Civil Liberties Union (ACLU) took a successful action against the California Department of Corrections. In their action, the ACLU argued successfully that the gas chamber violated the US Constitution's ban against cruel and unusual punishment, because it inflicted needless pain and suffering.

Eyewitness accounts of seriously ill people drinking dissolved cyanide salt are also mixed. In his book *Final Exit*, Derek Humphry describes deaths that are quick and painless. But he also documents one unexplained account that refers to a death that was 'miserable and violent, marked by frequent tetanic convulsions while awake'.

Toxicology texts of 'death by cyanide' commonly refer to a rapid collapse and loss of consciousness if a large enough dose is absorbed. Occasionally, convulsions occur after consciousness is lost. In his book *Suicide and Attempted Suicide: Methods and Consequences*, Geo Stone makes the observation that while cyanide might be commonly used by suicidal chemists, it is used rarely by physicians. He concludes that this may be due to their different levels of access to poisons.

In 1995 when the guidelines for the *Northern Territory Rights of the Terminally Ill Act* (ROTI) were being developed the use of cyanide was not considered; better drugs (the barbiturates) were available. Today, cyanide is not used in any country where euthanasia / assisted suicide legislation is in place.

Nevertheless, cyanide salts have some very positive properties and may play a role in ensuring people have control over their lives. Positives include the fact that very small quantities of the substance is needed. and that administration is easy. Long shelf life and rapid action are further important considerations. Ingesting one gram of potassium cyanide in the form of a simple, single capsule is seen by some people as offering a very satisfactory means of ensuring control at the end of life.

The Availability of Cyanide

Soluble cyanide salts have traditionally been hard to obtain unless one has a contact in the industries where these substances are used. These salts are heavily regulated and restricted.

However, cyanide is also now recognised as a compound of chemical weapons with associated heavy penalties. The legal risks associated with obtaining this substance may outweigh any possible end of life benefit. Internet claims of availability have also been found to be false. Online purchases must be tested.

Quantofix quantitative cyanide test kit

Testing Cyanide

Cyanide purity testing is relatively simple with the use of graded immunoassay test strips. "Quantofix" manufacture a cyanide test kit with 100 strips, able to read between 1 - 30 mg/ litre (see above). The cost of the kit is ~ US$100. To establish purity, one dissolves 30mg of potassium cyanide powder into distilled water. A colour change on the test strip will indicate a positive reading.

Using Cyanide for a Peaceful & Reliable Passing

Only a small amount of cyanide is required for a peaceful death (ie. 1-2 gms: a teaspoonful). The sodium or potassium cyanide can be dissolved into half a glass of water. The solution is stable in neutral or alkaline solutions, so do not use carbonated water. The solution should be drunk quickly.

Alternatively, the powder can be packed into 'OO' gelatin capsules and then taken with a glass of water. The powder density is 1.5gm/cc and a single '00' capsule will contain

1.35gm of the powder, 2 capsules is more than enough for a peaceful death. The effect is greatest when the salt reaches the acid environment of the stomach, so one's stomach should be empty before taking the cyanide.

A noted variation to this methodology was used by computer pioneer Alan Turing, who injected the dissolved salt into an apple before eating it. Alan's act of suicide was interestingly omitted from the 2014 film, 'The Imitation Game.'

What about hydrogen cyanide gas?

Potassium cyanide is not the only form of cyanide that is lethal. There is also the gas, hydrogen cyanide.

The process of making hydrogen cyanide gas mimics that used historically in the US gas chamber in acts of capital punishment. There, the solid cyanide salt (sodium, potassium or calcium cyanide) was added to concentrate acid in order create the legal gas. The gas chamber was abandoned in the 1990s by most US states for reasons of being cruel and unusual punishment.

Hydrogen cyanide can be made by placing 500ml of concentrated hydrochloric acid in a plastic bucket and adding a few grams of the solid salt. This will rapidly produce hydrogen cyanide. If this is done in a confined space (a vehicle,or small room with windows shut) the inhalation of this gas will lead to a rapid and inevitable death.

Concentrated hydrochloric acid (>25%) is readily available from hardware stores. The smell of the hydrogen cyanide gas is sometimes reported as similar to that of bitter almonds.

Lethal quantity (~1gm) of KCN

'0' & '00' gelatine capsules

Warning

Be aware that the production of the gas may continue for some time and anyone entering the area may be unaware of the presence of the lethal gas. Warning signs must be posted to protect those who may come across the site. Safety on the Exit RPA Test is, therefore, rated low for this method 1/5.

Sodium Selenite - Na2SeO3

The element Selenium was first isolated by Swedish chemist Jons Jacob Berzelius in 1817 who named it after Selene the Roman moon goddess (to balance Tellus/ tellurium the earth god). The element was not only essential for human life, but it was also a component of a number of extremely toxic inorganic salts. The salt - sodium selenite - is found in low doses (<50ugm/ day) in human vitamin supplements. At higher doses, however, Selenium is lethal and has no effective antidote.

Since the salts - sodium azide and sodium nitrite - were first added to the *Peaceful Pill eHandbook* in 2016 there has been a marked reported increase in their use as a death agent. This phenomena has been discussed in the medical literature and noted at coronial inquests. There is a concomitant move to restrict these substances as an end of life option. To this end, the availability of the other three salts described in this Chapter is in decline with many suppliers insisting on dealing only with registered companies. This is not the case with sodium selenite.

Toxic Properties

A sodium selenite death is not 'peaceful'. Indeed, the reported symptoms that can be experienced prior to death include: abdominal pain, vomiting, diarrhea, and a strong breath smell of garlic. However, because it is available, simple in preparation, reliable, legal and that it has no effective treatment option makes it a topic of interest.

The mechanism of death is not well understood, but assumed to be due to the ready replacement of selenium for sulphur in critical cellular enzymatic processes. Death is due to histotoxic hypoxia. Time to death after ingestion can be several hours.

Note: While this salt is an essential element and difficult to restrict, its use to end life is as an 'option of last resort', when absolutely nothing else is available. It is only included in the *Handbook* as a response to persistent reader enquiries.

The salt is available from Internet chemical suppliers.

See: *https://chemcraft.su*

Adverse symptoms can include vomiting. A good anti-emetic is therefore mandatory. Metoclopramide 30mg (3x10mg) tablets can be taken 40 minutes before the selenium. The selenium salt dissolves in water and a lethal drink of 5gm of selenite in 50ml of water is simple to prepare.

Note: *Stong pre-medication is essential*

A strong, sleep-inducing sedative such benzodiazepine (eg. 1gm of diclazepam) which is then dissolved in propylene glycol and alcohol is suggested. See the 'Pre-medication & Potentiation' Chapter for further information.

The Selenite RPA Test

The very low 'Peacefulness' and 'Speed' indices for this salt give it a rating significantly lower than that of the other lethal salts discussed.

Sodium selenite has not been included in the RPA table summary and Exit suggests that it should *only* be considered when no other options are available.

5gm of Na2SeO3 dissolved in 50ml water

* Exit gratefully acknowledges the assistance of 'CQ' for this section.

Sodium Azide - NaN_3

Introduction

In September 2017, a Dutch pro-self determination group, Coöperatie Laatste Wil (CLW), went public claiming that they had discovered a new 'euthanasia powder' that was legal, lethal, simple to obtain and administer, and would provide their members with a reliable way to end their lives with no medical involvement. Although CLW refused to name the powder, referring to it instead as 'Middel X', it was quickly realised that they were referring to the inorganic salt, sodium azide.

Properties & Safety Issues

Sodium Azide is a colourless, crystalline, water-soluble salt with a number of properties that make it a useful end of life drug. While (almost) as lethal as cyanide, sodium azide is much easier to obtain. It can be found on Ebay and Amazon and is not generally subject to legal restrictions.

Sodium azide found use as the active ingredient in auto air bags

Sodium Azide is comprised of colorless crystals. Its formula is NaN3. While it is very soluble in water, if it is heated to >3000C the salt breaks down explosively into sodium and nitrogen. It is this property that led to its use in car collision air bags. If the salt is placed in contact with metals salt or solutions of the salt, it can form unstable/ explosive azides. Acidification of a solution, or the addition of acid to the salt itself, can also result in the production of highly toxic hydrazoic acid (HN3), which is a volatile, shock-sensitive explosive gas.

A solution of the salt in water is however an effective end of life drink. Quantities as small as 1gm will reliably end life.

Toxic Characteristics

The exact mechanism of toxicity of sodium azide is not fully understood. Two mechanisms of operation are suggested.

The production of nitric oxide with it's effect on the central nervous system, carotid baroreceptors, potent vasodilation with associated blood pressure drop can explain the reported headache, nausea, tachycardia, and circulatory collapse.

Although the dissolved salt is relatively tasteless, the salt is rapidly hydrolysed on contact with mucosa to hydrazoic acid which has some irritant effect in the throat, and at higher concentrations, the direct effect of azide on cytochrome oxidase can cause cellular asphyxia and death in those organs with the highest need for oxygen, such as the brain and heart.

The effect of ingesting sodium azide has been likened to the simultaneous ingestion of both nitrite and cyanide, although azide ingestion does not lead to significant blood discolouration or reduction in oxygen carrying ability, and the toxic metabolic effects do not respond to the treatment for cyanide poisoning.

Following the ingestion of a lethal dose of azide, and in the period prior to loss of consciousness, symptoms include nausea, gastric irritation, and the development of moderate to severe headache. This is presumably due to a rapid drop in blood pressure. Indeed, in a report commissioned by CLW into the use of azide as a possible suicide agent, toxicologist Dr. G.H.M. Counotte discussed the benefit of pre-ingestion of a suitable analgesic (pain relief drug) together with an effective anti-emetic (anti-nausea drug). Paracetemol or naproxin were suggested, although for these authors, it is hard to see how the suggested 500mg paracetemol tablet could ameliorate the symptoms of a significant hypotensive headache.

See: *http://bit.ly/CLWReport*

In this same report Dr Counotte addresses three relevant questions:

Question 1: Is sodium azide definitely deadly?
Answer: Yes, sodium azide is certainly deadly. The lowest fatal dose is approximately 1 to 2 grams for people and a dose of more than 10 grams is certainly fatal.

Question 2: What are the significant side effects of sodium azide ingestion?
Answer: The side effects may be (within a few minutes after ingestion): headache, perspiration, fainting, drop in blood pressure, arrhythmia, vomiting, diarrhea, nasal discharge, sore throat and shortness of breath.

Question 3: Can the possible side effects caused by azide ingestion be limited?
Answer: A painkiller can help against headaches and throat irritation.

Handling, Storage, and Disposal

Sodium azide salt is very stable. If kept in a sealed container, in a cool spot, and away from moisture, it will keep indefinitely. Aqueous solutions of the salt (<5%) can also be stored in plastic sealed containers. However, neither the salt nor aqueous solutions should come in contact with metals. This is because of the possible formation of unstable/ explosive compounds. Disposal of any unused salt or solution of the salt should not be made through the drainage system where contact with metal is a real possibility. Problems associated with handling and management of sodium azide have led to its description as a particularly dangerous substance.

In truth, nearly all the hazards associated with sodium azide are due to accidental formation of its chemical parent, hydrazoic acid, (HN_3). Hydrazoic acid is a volatile, weak acid, it is a toxic shock-sensitive explosive. Unlike the salts, hydrazoic acid can be absorbed through the skin. Even though the smell of hydrazoic acid is described as 'extremely pungent', 'obnoxious', and even 'fear-inducing', one may not always get adequate warning to protect oneself.

Laboratory plastic container of sodium azide

Should a spill of azide occur, this can be mopped up using a dilute solution of sodium hydroxide (lye, caustic soda), rather than water. The sodium hydroxide will prevent the formation of any hydrazoic acid, by immediately converting any hydrazoic acid that may be present back to sodium azide. Gloves, and other safety equipment are essential in such a scenario.

See: *http://bit.ly/thenastiestchemical*

Sodium Azide & Death

A reliable death using azide can be brought about by mixing 2 -3gm of the salt into 50ml of distilled or de-mineralised water in a plastic or glass container. Do not use soda water. Do not use a metal spoon. Although the release of toxic HN3 is minimal during this mixing, the mixing should be done in the open air, in a well-ventilated area. The 50ml of 5% solution can then be sealed (and drunk at a later stage to end life). An anti-emetic (eg. 3 x 10mg of metoclopramide), taken 40 minutes earlier is advised. And, as discussed previously, an analgesic (eg. 500mg - 1gm paracetemol) can be taken at the same time.

Note: In the September 2019 CLW 'Information Package' reference was made to 'a dozen, recent eye-witness reports from loved ones who are present during suicide with sodium azide'. These witnesses claimed that sodium azide caused a 'mild death'. Although in two accounts the 'dying process [that] lasted almost two hours'. No indication of the period from ingestion to loss of consciousness was provided.

Note: There is no known antidote to the ingestion of sodium azide. This is considered by many to be a desirable characteristic.

Note: Attempting resuscitation on a person who has ingested sodium azide can expose those helping to serious danger. Mouth-to-mouth resuscitation can result in the rescuer's exposure to hydrazoic acid. If vomiting has occurred, the toxic vomit must be avoided for the same reason.

Those choosing to use azide to end life should display a clear sign indicating that this substance has been used. This will help protect emergency medical staff or police from accidental toxic exposure.

Obtaining Sodium Azide

The toxic properties of sodium azide, its instability, storage difficulties, and its use in the manufacture of explosives mean that the substance is subject to some control, but less than those applied to the cyanide salts.

A number of internet sites offer sodium azide at prices as low as US$100/Kgm. See: *https://www.alibaba.com/showroom/sodium-azide.html*

Summary

The speed and reliability of a death from ingestion of sodium azide make this salt an effective option. Indeed, the toxicological report commissioned by CLW is clear in its conclusion that this substance is a useful end of life agent.

The lack of any antidote is seen by CLW as an important positive aspect of its use. Although this is only really significant if there is a high prospect of emergency intervention.

There remain several unpleasant symptoms that may develop prior to loss of consciousness and that can be difficult to address. The problems associated with the storage, safe disposal, and the risk it poses to others after death also limit the usefulness of sodium azide.

That said, sodium azide is an important *available* substance that provides a lawful, end of life option for those who have no access to the barbiturate, Nembutal.

Sodium Nitrite - $NaNO_2$

- Sodium nitrite
- The Inorganic Salts Controversy
- Field Research on the Lethal Salts

Introduction

The search for a humane method of controlling Australian wild pig populations has led to the recent trial of sodium nitrite as an effective eradication agent. This prompted its examination by Exit as a method for peacefully and reliably ending human life. See: *http://bit.ly/wildpiginvasion*

Historically, and perhaps ironically, sodium nitrite has been widely-used as an anti-oxidant in the curing of common meats such as pork in the production of ham and bacon. The salt blocks the growth of botulism-causing bacteria in the meat and prevents spoilage and gives cured meats their characteristic color and flavor. The widespread use of sodium nitrite makes any effective restriction or legal control highly unlikely.

Mode of Action

When ingested, sodium nitrite reduces blood oxygen levels leading to terminal hypoxia and death. Sodium nitrite does this by entering the blood stream and altering the hemoglobin in red blood cells, causing methemoglobin. Methemoglobin is an altered form of haemoglobin with a much reduced ability to combine and transport oxygen. High methemoglobin blood levels reduce the oxygen carried to the brain and other essential organs which leads to death (while also changing the blood - and one's skin - to a brownish colour).

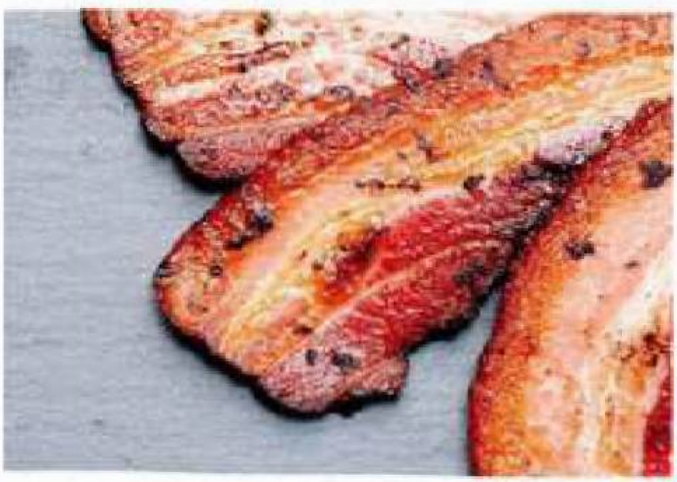
The protective enzyme system (methemoglobin reductase, more properly called cytochrome b5 reductase) is normally present in red blood cells). This reduces the methemoglobin back to hemoglobin, but with high nitrite absorption rates, this protective mechanism is overwhelmed. Interference with the activity of these enzymes can increase the potency of nitrite ingestion.

The symptoms experienced from the ingestion of a toxic dose of sodium nitrite, can include lethargy, confusion, intoxication, nausea and vomiting. In large doses, nitrite acts as a vasodilator because of its relaxing action on vascular smooth muscle, causing a drop in blood pressure (and possible hypotensive headache), A high methemoglobin concentration in the blood gives the skin a brown discolouration.

Note: Some reports have mistakenly attributed a peaceful nitrite death to the vasodilation and drop in blood pressure associated with the production of NO. This has led to the false claim that a lower gastric pH will facilitate [NO] and lead to a more peaceful death.

$3NaNO2 + 2HCl \rightarrow 2NaCl + NaNO3 + 2NO + H2O$

See: *https://suicide.wiki/w/Sodium_Nitrite*



Sodium nitrite is commonly used as a meat preservative

The estimated lethal dose of sodium nitrite in adults can be as little as 5gm, although for a reliable death, 25gm is advised (35gm if body weight is > 100Kgm).

Note: Methylene blue is the antidote for sodium nitrite ingestion and can be administered intravenously by emergency staff if nitrite ingestion is suspected. This could be any case where cyanosis (blue-ish or purple-ish discoloration of the skin) is not corrected by the administration of oxygen.

Sodium Nitrite & Death

Sodium nitrite salt is very soluble in water. To prepare a lethal dose of the salt, 25 gm is dissolved into 50 - 100 ml of water. The taste is salty and unremarkable. Potentiation of the drug can be achieved by mixing in 800mg of propranolol before drinking. Fasting for several hours prior to taking the nitrite (and propranolol) is suggested to further improve rapid absorption of the nitrite.

Note: Vomiting can be a problem with nitrite taken as a drink, and an anti-emetic is considered essential. The recommendation is a single (stat) dose of metoclopramide 30mg (3x10mg tables) and ondansetron 8mg (1 x 8mg tablet) taken 40 minutes before the nitrite drink.

It is wise to have a second prepared drink that can be taken should vomiting occur. If vomiting does occur, with no supplementary drink available the procedure should be aborted.

Note: An alternative to ondansetron is haloperidol 2mg tablet.

Note: Potentiation using Nexium (80mg) and propranolol (800mg) can be taken at the same time as the antiemetic.

Exit has a number of reports of successful use of nitrite. The following is a typical timeline and was reported from an observed death using 25gm of potentiated sodium nitrite.

* @ 3 mins dizzy
* @ 5 mins very drowsy, responsive
* @ 12 mins unconscious
* @ 15 min deep sleep/ un-rousable
* @ 25 mins increasing cyanosis,
* @ 30 mins irregular shallow breathing
* @40 mins death

Sealed 200 gm container of sodium nitrite

Potentiating Sodium Nitrite

There are several ways of increasing the effectiveness of the sodium nitrite drink. Of these, use of a *B* blocker is considered most effective.

A reliable death is dependant on the nitrite overwhelming the restorative enzyme methemoglobin reductase. To achieve this, rapid gut absorption of the salt on ingestion is needed. This can be facilitated by fasting for several hours before taking nitrite, and by reducing the amount of gastric acid in the stomach.

The simplest way this can be achieved is by the use of a simple antacid such as Mylanta, but there is also some concern that the coating of the gastric surface may impede absorption.

A better method is to use a pre-dose of the H2 antagonist cimetidine to increase absorption of the nitrite (eg. Tagamet, 800mg, taken 40 minutes before the nitrite). This can be taken at the same time as the suggested anti-emetic (metoclopramide with ondansetron).

Cimetidine, marketed as Tagamet, is used for heartburn and indigestion. Although an unregulated over the counter drug, recent (2020) concern over the presence of a contaminant NDMA as a possible human carcinogen has let to it's restriction and/or removal in many countries. https://bit.ly/312D8hd

An alternative is to use a proton pump inhibitor (PPI) to reduce gastric acid secretion. These widely used drugs (eg Nexium or Prilosec) are again often available over the counter. 80mg taken at the time of the antiemetic will provide the desired enhancement

The lethality of nitrite can further be enhanced by the concurrent use of a *B*-blocker like propranolol. 400mg (5 x 80mg tablets) mixed with the dissolved nitrite and taken in the same drink.

Nitrite potentiation by raiding gastric pH - over the counter drugs that facilitate absorbtion

Propranolol - *B* blocker that potentiates nitrite

The propranolol is then quickly absorbed and interferes with the compensatory cardiac response to the effects of the methemoglobin produced by the nitrite. As the brain received insufficient oxygen a message is sent to the heart to increase blood flow. However, with propranolol present, the message is blocked and with no increase in blood-flow to the brain, consciousness is quickly lost.

The accompanying video shows how to create the nitrite/ propranolol mixture.

Note: Some reports mistakenly claim that acid reduction is counterproductive as it reduces [NO] release, hypotension and headache, and that *B* blockers provide only symptom relief and are an unnecessary "luxury item"!

Note: Propranolol is usually prescription regulated, but it can readily be bought on-line. Slow release forms of the drug are unsuitable.

Note: Earlier editions of the PPeH (and the included film) suggested using 2gm of propranolol. This was altered to 400mg in Feb 2021.

Sources of Sodium Nitrite

Sodium nitrite is widely-used for food-curing and food-preserving but it is increasingly subject to restrictions. It has been available variously online from Amazon, eBay and Alibaba, often from eastern European suppliers (eg. Poland or Ukraine). No exact sources are provided here because it is impossible at the current time to keep the listings up-to-date. This is because the sources that were listed have since stopped selling. It seems publication in this book leads to online retailers ceasing its sale (presumably due to pressure from the authorities). A more useful idea is to check the Peaceful Pill Forums for the most recent information. Once located, the cost can be as little as US$15/ Kgm.

Note: In 2019, the Dutch government introduced regulations for the sale of nitrite to individuals. In other countries, purchasers of Sodium Nitrite have received 'welfare checks' from their local police.

Note: If problems arise when ordering to a specific country where there may be new government regulations restricting the purchase of nitrite, the use of a proxy address set up to receive then send on may be a useful workaround strategy.
See the Forums at: *http://bit.ly/3jRYZJ3*

Reading a nitrite test strip to confirm sample purity

Testing of Sodium Nitrite

It is generally unnecessary to test the purity of purchased nitrite (ie. > 99% nitrite). The salt is cheap and there is no legal restriction driving up cost and prompting scammers. Nevertheless there is a test,and a video of the process is included.

You will need for testing:

- 5gm of sodium nitrite
- Digital scales
- 2ml disposable pipette,
- 2 x one litre bottles of distilled water

Accurately weigh out 5gm of the salt that is to be tested. Then, from a one litre bottle of distilled water, pour out 10 - 20 ml into a separate container. Stir the salt in this distilled water for a few minutes until dissolved. Once the salt is dissolved in the sample of distilled water, return the mixture to the one litre bottle, re-seal the bottle, shake and then re-open.

The next step is to withdraw exactly 2 ml of the water and add it to the second 1liter bottle of distilled water. Seal and shake the bottle. When well shaken, open and immerse a nitrite dipstick into the liquid. Wait 30 seconds and then read from the colour chart the concentration of nitrite in the second water bottle. If the original 5gm sample is pure, the expected colour change that matches 10 mg/ litre will be seen. If lower concentrations are noticed it is likely the original sample of nitrite is not 100% pure.

Bartovation Nitrite test strips are available at:
https://www.amazon.com/Nitrite-Nitrate-0-500-Strip-Strips/dp/B07WTXM6DB

For a detailed account of testing and storage, see:
http://bit.ly/3qsZM5x

Storage & Disposal of Sodium Nitrite

Sodium nitrite is stable, and can be stored at room temperature. However, it should be stored in a sealed container. Sodium nitrite is also hygroscopic. This means that when exposed to air, it absorbs water and will slowly oxidize to sodium nitrate, silently degrading over time. Oxidization will render a sample of sodium nitrite ineffective as an end of life agent. Evidence of deterioration can be difficult to determine by visual inspection. There are no specific concerns with the disposal of any unused nitrite, and the shelf life of properly stored salt is almost infinite.

Note: Because Exit has only had detailed, monitored accounts of relatively few nitrite deaths (<50), this remains far too few to be certain that unexpected and unexplained failures using this salt may not occur. The RPA table uses a * to indicate some uncertainty.

Slide listing comparison between azide & nitrite used at Exit workshops

Video: Potentiating Nitrite with Propranolol

Video: Sodium Nitrite Purity Test

The Inorganic Salts Controversy

In September 2017, when the Dutch group Coöperatie Laatste Wil (CLW) announced that they had discovered a legal, effective end of life agent called 'Middel X' (later identified as sodium azide), Exit was examining the potential human use of a newly-promoted humane pig poison, sodium nitrite.

Exit openly discussed this salt at workshops. Unfortunately, some mistakenly believed that the 'Middel X' referred to by CLW was sodium nitrite. In this confusion, a 19 year-old Dutch girl, Ximena Knoll, ended her life with sodium nitrite in early 2019. Ximena's parents claimed that she had been influenced by the public discussion over 'Middel X'.

In May 2020 the Dutch Public Prosecution service decided to take no further action against CLW over their newsletter publication providing details of 'Middel X'.

See: *http://bit.ly/CLWNL*

The Medical Profession Condemns the Use of the Salts

In 2019, the Dutch medical journal, *NTvG*, published an editorial and two articles on the use of the lethal salts. In the cover story, 'The Rise & Fall of Agent X' journalist, Stella Braam, examined CLW's promotion of sodium azide as a useful suicide powder, writing:

> *they (CLW) are enthusiastic amateurs, blinded by enthusiasm and pressured by supporters.*

An accompanying article in the same *NTvG* edition, 'Auto-Intoxication with 'Suicide Powder', examined the use of sodium nitrite as a potential suicide agent and claimed 'the mechanism

of death is suffocation, and because of the unbearable symptoms, sodium nitrite is an extremely unsuitable suicide agent'.

See: *http://bit.ly/ntgvsalts*

These claims were based on two incomplete case studies. In neither case was any evidence provided that would support the claim that nitrite caused 'unbearable symptoms' or that it was 'an extremely unsuitable suicide agent'. In the same edition's editorial, Yve Smulders stated that he had 'difficulty with the ideology (of suicide): This is self-determination in the form of a dictatorship, in which no one is allowed to restrict another person from making decisions about himself'.

Throughout late 2019 and 2020, use of sodium nitrite as an end of life agent grew rapidly. This use has likely been driven by a number of factors, not least by reports of its certain efficacy. A further possible reason for the rise in the use of nitrite has been its position as a 'fall-back' when one cannot source Nembutal. As Nembutal has become more difficult to obtain (because of increased international police surveillance and pandemic-related restrictions on international travel), so people have turned their attention to alternatives. It is interesting to note that questions about nitrite dominated at Exit's 2020 online workshop series.

Front cover of the May 2019 edition of *NTvG* - The Dutch Medical Journal

It was to be expected that sodium nitrite would attract the interest of medical and academic researchers. In late 2020, scholarly articles began appearing in a range of medical journals on this 'new method of suicide'. The analytical paradigm of these articles was suicide prevention.

The rationale goes that any person considering their end of life choices must be mentally ill and that mental illness is a condition in need of medical treatment and cure. Within the medical discourse, if the cause of the suicide is sodium nitrite, then the substance must be restricted. As this book has been identified as an information source for nitrite information, it stands to reason that its readers must be protected from themselves. This is why police 'welfare checks' have been performed. It seems the online purchase of nitrite by the elderly, and people who are seriously ill, is red-flagged as a reason for intervention by police and social services.

The following section contains extracts from three of the first of many journal articles in which the growth of nitrite as an end of life agent is addressed.

The Journal of Emergency Medicine

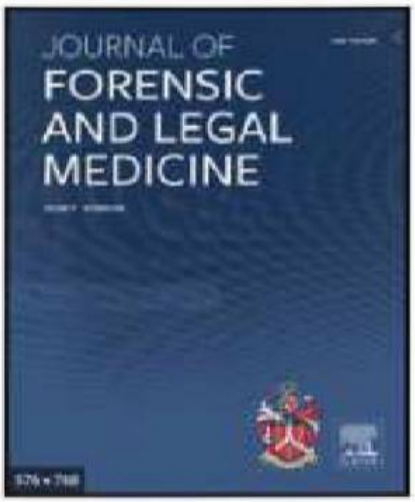
'Severe Methemoglobinemia & Death from Intentional Sodium Nitrite Ingestion' - June 2020

https://www.jem-journal.com/article/S0736-4679(20)30580-1/fulltext

> *This cluster of cases highlights an alarming trend, and we reported these cases to the state health department and to the directors of poison centers across the United States. Potential responses should focus on curtailing the ease by which*

sodium nitrite can be obtained in large quantities. The United Kingdom lists sodium nitrite as a reportable substance, as it can be used as a poison or component in explosives, and requires mandated reporting to law enforcement for suspicious purchases.

Additional countermeasures include increasing public awareness to the dangers of the chemical and targeting websites with prescriptive information regarding methods of suicide.



The Journal of Forensic & Legal Medicine

'A fatal case by a suicide kit containing sodium nitrite ordered on the Internet' - July 2020

https://www.sciencedirect.com/science/article/abs/pii/S1752928X20300962

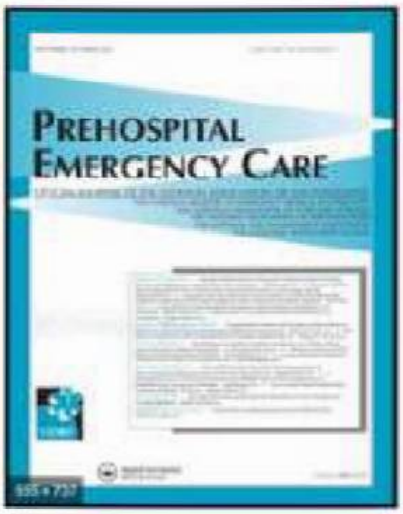
This work presents the first case described in the literature of a suicide by sodium nitrite after ordering a 'suicide kit' on the internet.

Searching on the internet some websites advertise that:

i) sodium nitrite offers a number of features that make it an ideal human euthanasia agent. It is cheap, breaks down readily in the environment;

ii) this is the secret powder to help old people who have a fulfilled life who are not terminally ill and want to die in a peaceful way. Only 2gm of the powder are needed.

Besides sodium cyanide and sodium azide, sodium nitrite due to its availability, preparation, un-detectability, speed. This case also reveals the danger and the importance of preventing and fighting existing suicide support networks over the internet, which allow the purchase of 'suicide kits'.



Pre hospital Emergency Care

Fatal Sodium Nitrite Poisoning: Key Considerations for Pre hospital Providers - October 2020

https://bit.ly/prehospitalarticle

We present this case to increase the awareness of EMS providers and medical directors with regards to the risk of sodium nitrite ingestion as a method of suicide and its unique toxicological features as well as essential treatment considerations.

With the rapid spread of information over the Internet and social media, combined with a steadily increasing rate of suicide, pre hospital providers may encounter a patient poisoned by sodium nitrite.

Websites exist that discuss different methods of suicide. Available information includes: how to perform the chosen suicide, what to expect during the act, success stories in the news, and where to buy the suicide agent.

Eye Witness Accounts of Lethal Salts' Deaths

Recent interest in the use of the lethal salts, and the resultant claims and counter-claims about their efficacy, has led Exit to compile detailed information on related deaths (from nitrite and azide ingestion). These eye witness accounts are essential in order to provide readers with an accurate assessment of these relatively-new, end of life strategies. Such insights are also necessary if Exit is to counter the misinformation that is being spread by those who have an ideological objection to the DIY death movement.

In early 2021, eyewitness reports of over 20 'nitrite deaths', some with video footage, had been received by Exit. All deaths were reportedly peaceful. The details that were noted of these deaths included: the person's weight, age, gender, health status etc), the dose of the salt taken, any symptoms experienced, time taken until loss of consciousness and time from ingestion to death. These are the basic physiological indicators which serve to determine the manner of a death. A death that is recorded on a smart phone or camera is especially valuable.

The data received is far from complete but the table below summarises the received information on 22 deaths form 2018 to the present - click HERE

Even with these incomplete records the following points can be made:

- Sodium Nitrite is very effective. The only failures that Exit is aware of are those where there was medical intervention.
- The most significant pre-loss of consciousness symptoms are nausea/ vomiting and tachycardia.
- Metoclopramide (+/- ondansetron) is effective.
- Potentiation works but is not essential.
- Sodium Nitrite is legal to purchase and possess but sources are increasingly restricted.

Of course, recording a death is a sensitive issue. To ensure utmost privacy and legal security, Exit has established an encrypted private LiveStream channel where footage can be securely uploaded.

Readers interested in details about this Exit Citizen Science Initiative (a form of 'donating your death to science'), please contact Exit on: *<exitint@protonmail.com>* or *<exitint@ctemplar.com>*

This research is being conducted jointly with Final Exit Network (FEN) in the US. Exit and FEN are extremely grateful to those who have courageously and generously helped us gather this essential information.

Cyanide, Azide & Nitrite - RPA Test

For a substance or drug to be useful as a Peaceful Pill two main criteria must be met. It must be 'Reliable', 'Peaceful' and it must be 'Available'.

Reliability of Sodium Cyanide, Sodium Azide and Sodium Nitrite are high. Few people will ever survive the ingestion of 2 gm of sodium cyanide or azide. For nitrite, a larger quantity is needed, vomiting risk greater, and reliability is a little less, R=6.

There is also a correlation between the size of the dose and the speed of death and this minimises the chance of any adverse symptoms developing.

In terms of Peacefulness, mixed accounts make this a difficult characteristic to assess. Clearly, the size of the dose, and the speed of onset of symptoms to loss of consciousness, is relevant. A severe headache is an invariable symptom of azide ingestion.

Availability - Cyanide salts are heavily regulated and hard to obtain. Azide salts are easier to source on the internet. Nitrite salts are the easiest to obtain, with little effective surveilance.

Preparation - Each of these salts is water soluble and can be consumed as a drink. Some care must be taken when handling and dissolving azide to avoid the production of hydrazoic acid.

Undetectability - At autopsy all three salts will be detected. A note should be displayed if cyanide or azide have been used. A cyanide death may be detectable from the pink color of the skin and a possible smell of bitter almonds. With nitrite, clinical darkening of blood color (associated with nitrite methaglobin) can be noticed in the skin showing a brown color.

Speed - A very quick death for azide and cyanide, slower with nitrite.

Safety - Care must be taken to avoid any accidental exposure if sodium azide is used. If vomiting occurs after azide or cyanide ingestion, the gastric contents may give off dangerous HN3 or HCN.

Storage - With proper storage, the sodium salts have an almost indefinite shelf life.

Legality - There are legal restrictions on purchase, storage and disposal of cyanide. Some restriction on azide, none on nitrite.

Notes: * indicates some uncertainty, ** indicates changeability.

Criteria	Sodium cyanide	Sodium azide	Sodium nitrite
Reliability (10)	10	9	7*
Peacefulness (10)	5	6	7
Availability (10)	2	7	9**
Preparation (5)	4	4	5
Undetectability (5)	3	4	2
Speed (5)	5	4*	3*
Safety (5)	2	3	5
Storage (5)	4	4	4
Legality (5)	1	4	5
Total (60 or 100%)	60% 36	75% 45	78% 47

Introduction to Drugs

- The Drug Overdose
- Drugs, Swallowing & Taste
- Drugs and Alcohol
- Drug Tolerance
- Slow Release (SR) & Enteric Coated (EC) Drugs
- Alternative Routes of Administration of Drugs
- Resuscitation
- Shelf Life of Drugs

Introduction

For many people, taking drugs or substances orally (by mouth) is the preferred way to end life. Substances taken in this way (eg. Nembutal liquid) require no special equipment. It is this simplicity that explains the appeal of this version of the Peaceful Pill. And with no need for any additional equipment, the death is more likely to be misinterpreted as a death from 'natural causes'.

For example, a person with serious illness who dies from drinking Nembutal looks as if they have died in their sleep. Most examining doctors would sign the death certificate indicating that this was the natural death from their illness. If an autopsy is undertaken, the causative drug will be discovered, but autopsies are increasingly rare in situations where the attending doctor believes the cause of death is clear (see the final Chapter for a discussion of this).

Although taking a drug orally might seem to be the simplest way of obtaining a peaceful and dignified death, the method does requires planning and a detailed knowledge of the substance to be used.

The Role of the Drug Overdose

Drugs are developed to provide a cure to an illness or to give relief from symptoms. *Human pharmaceuticals are never developed to end life.* Yet some drugs do cause death, especially if they are administered in ways that were not intended. The usual misuse is to exceed the suggested dose: 'the overdose'.

All drugs have side-effects (effects other than the purpose for which they are designed), and most side-effects are more pronounced when a drug is misused or taken in overdose. The most serious of 'side-effects' is death and drugs with this side effect are dangerous, unpopular and avoided if possible.

A drug that does cause death in overdose will always be unpopular and there will be a search to develop safer alternatives. So, while there are *some* drugs that do reliably cause death if misused, this number is small and decreasing as they are replaced with safer, modern alternatives.

For example, the barbiturate sleeping drugs, so popular in the 1950's, have now been replaced by modern, safer, non-lethal alternatives. The lethal tri-cyclic antidepressants have almost disappeared, replaced by safer serotonin-uptake inhibitors like Prozac, and pain-relieving lethal drugs like propoxyphene have already been replaced in many countries. The number of drugs that are of practical assistance to a person seeking a peaceful death decreases each year.

Drugs, Swallowing & Taste

A person wishing to die will need to consume a lethal quantity of their chosen drug. Such drugs are often bitter to taste. Taking a large number of tablets can also be difficult if a person has a problem with swallowing. Some diseases of the throat and oesophagus, and some neurological diseases like Motor Neurone Disease can so severely effect swallowing, that oral ingestion of drugs is simply not an option.

To avoid the bitter taste of the lethal dose, drugs are sometimes mixed with another substance. This approach is often unsatisfactory as mixing an unpleasant-tasting drug with another substance to disguise the taste, often results in an even larger volume of an unpalatable substance. Another option has been to spray the tongue and palate with a topical anaesthetic like Lignocaine. Anaesthetic sprays can work, but they are prescription items and require practice in administration.

The most effective method of successfully consuming the required lethal quantity of a bitter-tasting drug is to turn it into a liquid which can then be quickly drunk. This can be done by crushing tablets. Removing the gelatin covering of capsules and then dissolving the powder in a common solvent such as water is another option. Even if the drug does not fully dissolve, the powder can still be made drinkable by rapid stirring with a teaspoon so that it forms a suspension of the fine particles.

By keeping the volume of the liquid to be drunk to around 100ml (approx. 1/3 cup), only a few mouthfuls will be needed. Any bitter after-taste can then effectively be addressed by following up with another stronger tasting drink - usually alcohol (see Drugs & Alcohol).

Drugs & Alcohol

Alcohol is often used as a 'supplement' when drugs are used to end life. Alcohol serves several functions. Firstly, if the lethal drug is especially bitter, it will leave a prolonged unpleasant after-taste. Even when the drug is consumed in a few quick mouthfuls, a seriously ill person can find this taste quite distressing. Strong alcohol is an effective means of removing this after-taste. As this is to be the person's last drink, a favoured spirit or liqueur makes sense. People can sip at their favourite Scotch or Baileys Irish Cream and the bitter taste will quickly disappear.

Secondly, alcohol can play a useful role in 'potentiating' lethal drugs. To follow a lethal drug with an alcoholic drink will usually enhance the drug's speed of action and potency. This is true of most of the commonly-used lethal, oral drugs.

Thirdly, alcohol is a useful calming agent (anxiolytic) in what is inevitably a stressful time. It is important that the alcohol is taken *after* the consumption of the lethal drugs so that there is no clouding of a person's mind.

Note - if a person does not like alcohol, the person should not force themselves to drink it, especially if they find the thought distasteful. The drugs described in this book cause death with or without alcohol. The

most likely effect of excluding the alcohol is that the process will take longer. Liquid morphine (Ordine) can be used as a supplement/potentiator by people with an aversion to alcohol.

Drug Tolerance

Exposure to a particular drug over a prolonged period of time can often lead to the development of an insensitivity to that drug. If a drug is being taken for a particular medical purpose (eg. the relief of pain), one might find that after a while the same pain relief can only be obtained by increasing the dose. This is known as 'tolerance.'

Some drugs are particularly prone to this effect. One example is the body's response to opiates like morphine or pethidine. After taking morphine for even a short time, the effect of a particular dose will lessen with greater amounts being needed to achieve the same pain-relieving effect.

After a period 'off the drugs', one's sensitivity usually returns. This explains why people often accidentally die when taking illegal narcotics like heroin. A person who regularly uses heroin soon develops a tolerance for it. If they are unable to continue taking the drug - perhaps because their supply has broken down or perhaps they have spent time in an institution - they will redevelop their sensitivity. When a new supply becomes available, their greater sensitivity increases the likelihood of accidental death (see the Chapter on the 'opiates' for further discussion).

Tolerance to a particular drug can be an important factor when choosing a drug to end one's life. If a seriously ill person has been taking a drug for some time and has developed a tolerance for this particular drug, the necessary 'lethal dose' for the drug can be higher than that usually quoted.

Slow Release (SR) & Enteric Coated (EC) Drugs

Some drugs are treated in a way so as to effect the rate or manner with which they are absorbed into the human body. Examples include 'Slow Release' and 'Enteric Coated' forms of the pharmaceutical.

Drugs packaged in a way that allows a slow, steady absorption from the gut into the blood stream are called 'Slow Release' and often given the initials 'SR'. Some drugs that provide a peaceful death are available in SR forms. That said, one should be aware that these forms of the drug are usually *less effective than standard preparations*. Let us explain why.

A drug's lethal efficacy usually depends on a rapid rise in the level of the drug in a person's blood (ie. at a rate that is too fast for the body's normal excretion mechanisms to operate effectively). Slow Release forms of a drug *do not* cause a steep rise in the blood level of the drug. Crushing or dissolving the drugs before consumption is unlikely to alter this. *Powdered, slow release drugs are still slow release*. Morphine (NOT the best end of life drug - see Chapter 10) is often prescribed in slow release tablet forms to ensure long periods of pain control, and is less effective in this form.

Typical SR Morphine tablets

Enteric Coating (EC) is a way of treating some pharmaceuticals so that the active ingredient passes to a more receptive part of the gut before being absorbed into the bloodstream. Examples of EC drugs include those that may be partially destroyed by the strong acid environment of the stomach, but yet are stable, potent and

readily absorbed in the alkaline duodenum and upper small intestine. Drugs with Enteric Coating will inevitably slow the release of the drug in question and are best avoided. Some anti-emetic (anti-vomiting) drugs come in EC forms.

Alternative Routes of Administration of Drugs

Stomach PEGs & Nasogastric (NG) Tubes

People who have difficulty swallowing sometimes have a surgical procedure that allows for the introduction of liquid food directly into the stomach. This feeding tube is inserted through the wall of the abdomen and is called a percutaneous endoscopic gastrostomy (PEG tube) or 'stomach peg'.

The administration of drugs is often easier for a person who has a peg. There are no concerns with a drug's bitter taste, vomiting, or the person's ability to swallow the required lethal quantity of the drug. For a person with a PEG, a drug can be injected directly into the stomach.

Nasogastric tubes are used to provide fluids to a person who is having difficulty swallowing. This temporary procedure sees a small diameter tube positioned through the nose and down the throat into the stomach. It is possible to deliver fluids directly into the stomach through such a tube. Lethal drugs given in this way need to be in liquid form.

Intravenous Drugs

Drugs in liquid form can also be delivered directly into the body through a needle or cannula that is placed into a vein. The procedure of inserting a needle into a vein requires skill

and this can be difficult for people who have not had medical or nursing training.

The speed of action of any drug administered in this way is much greater than for those administered orally. This rapid effect can cause difficulty. For example, if a person decides to inject the drug themselves they may loose consciousness before the required dose has been delivered.

To ensure that the full lethal dose is administered intravenously, a bag of saline can be used. The saline bag is attached to a cannula through a standard intravenous 'giving set'. The drugs can be added to the saline where they will continue to flow, even if consciousness is lost. Alternatively a pre-loaded syringe driver can be used - see 'Administration of Nembutal'. Note: When unconscious, there is the risk that intravenous access will be lost if the cannula is mechanically dislodged.

Intravenous drug administration

One advantage of intravenous administration is that it extends the range of drugs that can be used to end life.

Some drugs that are not well absorbed through the gut when taken orally (potassium for example), can cause death when administered intravenously.

Rectal Administration

Drugs are occasionally also administered rectally using suppositories, or by direct infusion (enema). This is usually done if there is difficulty swallowing or if vomiting is a problem. Some lethal drugs can be quickly absorbed in this way. Rectal administration can provide a means of proceeding if there are intractable difficulties associated with oral administration.

Resuscitation

The act of taking a lethal drug does not generally result in an immediate death. Rather, the time that elapses from consuming the drugs until death, depends on a number of factors. This time in between administration and death can occasionally lead to failure.

Some drugs or substances, when taken orally, act very quickly. In some cases, speed of death *can be* an important factor. Such as when a spy takes a suicide pill to prevent interrogation or torture. For example, Hermann Goering took a cyanide pill in his cell the night before he was due to be executed. Although Goering was being watched very closely, his death was so quick that resuscitation was impossible.

A very rapid death - Goering-style - is rarely a consideration for a seriously ill person. Rather the readers of this book are more likely to think of a peaceful death as dying in one's sleep. Drugs that put you to sleep before they cause your death are, understandably, those most preferred.

However, the time spent asleep before death can vary greatly. The longer the time, the greater the likelihood of being disturbed

(and resuscitated). To reduce the risk of this, drugs that bring about sleep, loss of consciousness, and death shortly after are the priority. This is one clear advantage of the barbiturate, Nembutal, is that sleep will occur within minutes of consumption of the drug (which is followed by alcohol). Death usually follows within the hour. Other drugs discussed in this book, however, have a much longer 'window period'. For example, the window period for the propoxyphene/oxazepam combination may be a matter of hours. Because of this, careful planning may be needed in order to reduce the chance of discovery during the time between the drugs have been taken and death having been realised.

The possibility of unwanted intervention is why it is wise to take lethal drugs in the evening. If a deeply-unconscious person is ever found before death, this can present a significant problem, not only for the person attempting to die but for the person tasked with, or who accidentally, finds them. Even if the discoverer is aware of the unconscious person's plan, he/she must do something to protect themselves.

Resuscitation

It would not be acceptable, for example, to claim in the morning that you noticed that your friend or partner was unconscious but that you decided to 'just leave them'. If the dying occurs at night time, however, the would-be discoverer might argue that they had been asleep and been unaware of what had taken place.

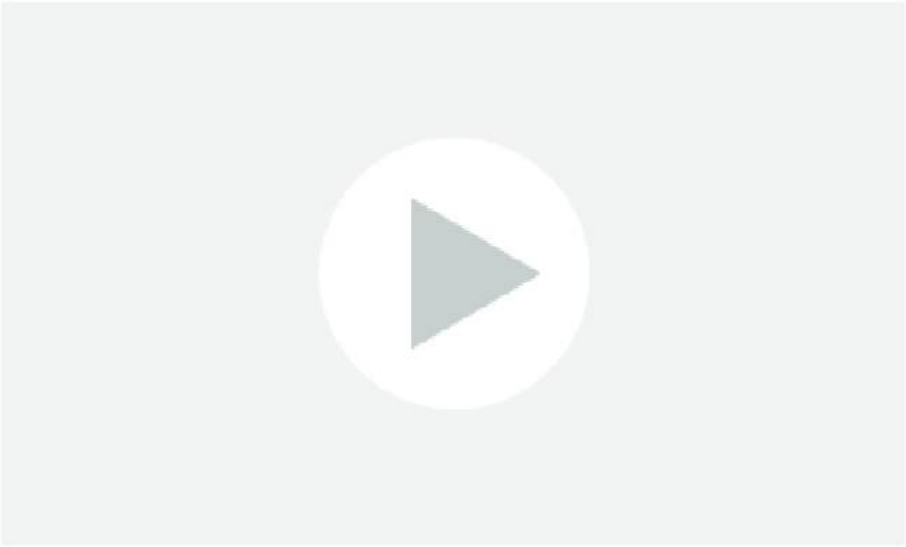
If an ambulance is called, the discoverer will also be protected. It is important to remember that paramedics will usually likely attempt to resuscitate an unconscious person, despite the fact that this may thwart their wish to die. Generally speaking, ambulance paramedics are generally under no legal obligation to abide by a person's Advance Medical Directive (AMD) (Living Will/ Do Not Resuscitate (DNR) notice). Rather, paramedics will say that these issues 'can be sorted out at the hospital.' (For more discussion about the pros and cons of AMDs and role of emergency workers see my first book - *Killing Me Softly: Voluntary Euthanasia and the Road to the Peaceful Pill.*)

Another way for the discoverer to protect themselves is to call the family physician (rather than an ambulance). The physician should be aware if a AMD exists and can avoid initiating resuscitation without risking legal repercussions. A doctor who knows the background may well begin a morphine infusion ('to make the patient comfortable'), and allow their patient to peacefully die.

The Shelf Life of Drugs

The shelf life of drugs - the time taken from manufacture to expiry date is referred to as shelf life and is an often-discussed topic at Exit workshops. It is general knowledge that most drugs will be subject to some form of degradation over time. This may be brought about by chemical, physical or microbial breakdown. This is why all drugs now include an 'expiry date'.

Video: ***Packaging & Shelf Life of Veterinary Nembutal***



Video: ***What is the Shelf Life of Nembutal?***

Clearly, while a drug does not become ineffective after the stated expiry date, the loss of potency of a drug over time is something that drug companies are careful to notify their customers about. Just to be on the safe side. Despite the caution of drug manufacturers in this area, research shows that many drugs remain highly effective for many years after their expiry date.

For modern medicines, expiration dates are usually set for two to three years after the date of the manufacture of the drug. This is the case for veterinary liquid Nembutal which has a shelf life/ expiry date stamped on the side of the bottle. However, Exit research has shown Nembutal to be effective many years after the formal expiry date.

A further consideration in regard to drug shelf life concerns the form of the drug in question. For example is it liquid or powder as this, too, can effect its shelf life. For example, pills and capsules stored in their original, air-tight containers at cool room temperatures, free from humidity can be viable for around 10 years. This is much longer than the stated expiry date. The powdered form of a drug has similar longevity, especially if it is vacuum-packed (using a standard kitchen food vacuum-sealer)

and kept in a cool place, away from the light. For drugs in liquid form, the shelf life is commonly shorter.

To determine if a drug has deteriorated, here are some common sense guidelines. In the case of a liquid, the following is important:

- colour and clarity - has it become cloudy?
- particulate matter - are there tiny visible particles?
- preservative content - if stated
- sterility - has the bottle been tampered with or opened?
- has the drug interacted with its enclosure - bottle or lid?

If none of these signs are present, then the liquid in question is more likely to be viable than if there were any visible signs of degradation.

If the drug is in tablet form, signs of degradation can include:

- tablet appearance
- tablet moisture content
- hardness - has the tablet become as hard as a rock
- friability - uncoated tablets
- disintegration time - when placed in water
- tablet uniformity of content

Any of these tell-tale signs may indicate chemical degradation.

Of course, the only certain way of establishing whether significant degradation has taken place is by carrying out a chemical assay on the product. For drugs that are hard to obtain and difficult to replace, an assay makes a lot of sense. A detailed discussion on the testing of Nembutal is given in a later Chapter. Of course, the only certain way of establishing whether

significant degradation has taken place is by carrying out a chemical assay on the product. For drugs that are hard to obtain and difficult to replace with fresh samples, an assay makes a lot of sense. A detailed discussion on the testing of the purity and potency of Nembutal is given in a later Chapter.

Conclusion

This Chapter details some of the most important issues that should be considered by a person planning to use drugs to achieve a peaceful, reliable and dignified death.

Specific issues such as: drug preparation, administration, formulation, speed of action, resuscitation, and shelf life apply to all drugs used to end life. An understanding of these issues will reduce any chance of failure. This Chapter should be read in conjunction with the following Chapters that detail the use of particular drugs.

Drugs and Vomiting

- Metoclopramide
- Cannabis
- Domperidone
- Prochlorperazine
- Ondansetron
- Dimenhydrinate
- Discussion

Introduction

Any substance that can be taken orally can be vomited up. Concern about vomiting is an issue of widespread concern. In order to die well, it is imperative that the full (lethal) dose of the drug or substance is digested. It is very important to ensure that vomiting does not occur. Some people are more prone than others to vomiting. Some diseases can cause vomiting. In a minority of cases, vomiting (or fear of vomiting) can be such a problem that oral drugs should not be used.

To make matters worse, end of life drugs and substances are often bitter (or extremely salty). Their strong taste, especially in liquid form, can induce vomiting. Vomiting slows gastric emptying and reduces the effectiveness of the drugs.

To minimize the risk of vomiting and to speed gastric emptying, an anti-vomiting ('anti-emetic') drug can be taken as a single dose. Alternatively, this anti-emetic drug can be taken for a set period of time before the consumption of the lethal drug. Indeed, some of the Swiss organisations, who provide oral Nembutal, insist that an anti-emetic be taken prior to the barbiturate.

There is a number of anti-emetic drugs that can be used for this purpose. Most are only available on prescription. Be aware that it may be necessary to fabricate a reason when asking a doctor to prescribe them for you.

An additional point is that all anti-emetic drugs have side effects. Some can be serious. If you have never taken these anti-emetics, it would be wise to take a test-dose in advance of your chosen day. This way, any allergies and hypersensitivities to a particular anti-emetic can be taken into consideration in your overall planning.

Some of the anti-emetics commonly used in conjunction with end of life drugs are shown in the following table which also states common drug names, available pill size, doses, recommended regime and possible side effects.

Some of the anti-emetics commonly used in conjunction with end of life drugs are shown in the following table which also states common drug names, available pill size, doses, recommended regime and possible side effects.

Metoclopramide as Maxalon

Antiemetic Drug	Common Names	Pill size	Dose & Regime	Side Effects
Metoclopramide	Maxolon etc	10mg	20-30mg/ 1hr prior	extra-pyramidal
Cannabis			Inhale/vape 5-10mins prior	
Domperidone	Motilium	10mg	10 -20mg 1hr prior	minor extra pyrimidal
Prochlorperazine	Stemetil etc	5mg	10 - 20mg 1hr prior	extra-pyrimedal
Ondansetron	Zofran	4mg	8mg 30min prior	seratonin syndrome
Dimenhydrinate	Dramamine	50mg	100mg 30 min prior	anti-cholinergic

Metoclopramide

Metoclopramide is the most commonly-employed anti-emetic used with end of life drugs. Common brand names include Maxolon and Pramin. This drug performs two useful actions:

a) prevents nausea and vomiting by blocking dopamine
b) increases the absorbtion of the lethal drug by facilitating gastric emptying

The usual regime is to take 3 x 10mg tablets (30mg) about an hour before the planned ingestion of the lethal drug.

An alternative form of administration is to take the drug for 48 continuous hours prior to the planned death at the rate of 1 tablet (10mg) every 8 hours (ie x3 per day). Note - this regime removes the need

to synchronise the taking of the metoclopramide with the taking of the lethal drug. It also serves to uncover any possible adverse effects of the drug, leaving time enough to seek an alternative if necessary.

Note - The dopamine-blocking action of metoclopramide can lead to significant side effects in some individuals including: neurological movement disorders (extrapyramidal symptoms), eg. spasms, jerks, rigidity, and tremors which may make this drug unsuitable.

Note - Metoclopramide is also available over the counter in countries such as Mexico. Some online distributors of Nembutal provide metoclopramide tablets as an added extra with each purchase. Note, Nembutal is an illegal purchase.

Cannabis

Recent reports to Exit have talked of the usefulness of cannabis as an anti-emetic. When administered through smoking or vaping, the effect is almost instantaneous. The drug also has additional useful anxiolytic properties. Note - Oral ingestion is slower, more erratic and not recommended.

Domperidone

Motilium is the common brand-name of the dopamine antagonist drug Domperidone. Domperidone is an effective anti-emetic. It also facilitates gastric-emptying and drug absorbtion.

Domperidone is supplied as 10mg tablets. The suggested regime is to take two tablets (20mg) an hour before taking the lethal drug. Although a dopamine-antagonist, the drug does not easily cross into the brain (the blood brain barrier). As a consequence, Domperidone has a significantly lower risk of neurologic (extra-pyramidal) movement-related side effects. Note - This drug is not available in the US.

Prochlorperazine

Prochlorperzine is another dopamine-antagonist with significant anti-emetic properties. Common brand names are Stemetil and Promat. Marketed as 5mg tablets, a useful end of life regime is 2 tablets (10mg) taken an hour before the lethal drug. This medication crosses readily into the brain and has a propensity for sedation and extrapyramidal movement-related symptoms. These side effects can limit the drug's usefulness and a test-dose should be taken before considering this as your chosen anti-emetic.

Ondansetron

Ondansetron is also a very effective anti-emetic that acts as a seratonin antagonist. The most well known brand name is Zofran. Zofran is most known for its use in controlling nausea associated with chemotherapy. This drug is marketed as 4mg or 8mg tablets. A suitable end of life regime is to take one or two tablets (4mg - 8mg) one hour before the lethal drug.

Ondanestron can have serious side effects, occasionally giving way to 'seratonin syndrome'. This syndrome brings palpitations, flushing and agitation. Such side-effects may limit its use. In the absence of these side-effects and if nausea is a particular problem, the dose can be increased to 5 tablets.

Dimenhydrinate

Dimenhydrinate is an over-the-counter 'combination' anti-emetic which can be of use in end of life situations, especially if other anti-emetics are hard to obtain. Common brand names include Dramamine and Gravol. Marketed as 50mg tablets, for use in the context of the end of life, 1 - 2 tablets should be taken one hour before ingesting the lethal drug.

While Dimenhydrinate is readily available, it can occasionally give rise to a number of unpleasant (anti-cholinergic) side effects.

Note - This drug readily crosses into the brain. In larger doses, it can cause distortions in sight, sound, and perception, even confusion and amnesia. For this reason a prior test-dose is recommended.

Discussion

Unless there are specific questions of hypersensitivity, allergy or evidence of significant side-effects, the anti-emetic metoclopramide is the recommended end of life anti-emetic. The suggested dose for metoclopramide is independent of the type or quantity of the lethal drug to be used. That is, the dose is independent of whether the drug is to be taken as a 'stat dose' (30mg at the same time) or over a continuous 48-hour period (10mg 3x/day for 2 days).

If significant neurological side effects are noticed with metoclopramide, it is advised to switch to Domperidone or Ondansetron (Zofran).

To obtain some of these anti-emetic drugs, a prescription is necessary, so be prepared to tell a story to your doctor. Resons for needing an anti-emetic might include a planned sea cruise. If you provide the real reason - that you need an anti-emetic so as not to vomit up your end of life drugs - you will be unlikely to get a positive response!

If problems of access do develop and you find yourself unable to get metoclopramide, why not settle for over-the-counter Dramamine, or some good quality cannabis!

Note - testing head of time for possible side-effects is always advised.

Note - If, after using your chosen anti-emetic, vomiting does occur, even if only a small amount, your immediate plans should be abandoned. This is because it is impossible to know what quantity of drug remains in the stomach and for this reason it would be dangerous to proceed.

If this occurs, move quickly and induce further vomiting. Place your fingers down the throat to physically create the vomiting sensation. It is critical to vomit-up as much of the lethal drug as possible. Follow this procedure by drinking a large amount of water. Try to rest until what is left of the ingested lethal drug ingested has been processed by your body. When things are calm, select an alternative suitable date in the future.

If vomiting, or fear of vomiting persists, it may be necessary to look at other end of life methods. The use of an inert gas like nitrogen - which does not involve swallowing and presents no risk of vomiting - may prove more suitable.

Drug Options
Morphine and the Opioids

- The Role of Opiates and Opioids
- The Dual problems of Sensitivity and Tolerance
- The Opiate Antidote – Naloxone
- Morphine
- 'Slow Euthanasia' - The Doctor's Loophole
- How Slow Euthanasia Works in Practice
- Problems with Slow Euthanasia
- Using Heroin to End Life
- The New Synthetics – Fentanyl & Carfentanil
- Opioid Summary
- The Exit RP Test for Opioids

The Role of Opiates and Opioids

The opiates are naturally occurring compounds that originate from the sap of the poppy, papaver somniferum and include drugs like morphine and codeine. Opioids are all drugs with morphine-like effects and include semi-synthetic products derived from morphine: drugs like heroin and codeine, along with a number of fully synthetic compounds like pethidine, methadone and fentanyl. These compounds all effect the opioid receptors in the brain and are generally used for the control of strong pain. Other effects include respiratory depression and sedation. It is this combination of sedation and respiratory depression that give this class of drugs a potential for use to end of life.

While morphine is the commonest example used in medicine, many other opioid drugs are regularly prescribed as analgesics, including drugs like hydromorphone and oxycodone. The illegal drugs of heroin and carfentanil are opioids. The goal is the easy administration of a single dose of drug to bring about a peaceful and reliable death. Yet all opiates have properties that make them difficult drugs for a person to use to reliably end their life.

Fig 10.1: Greek god Morpheus, god of dreams, with Iris.

The Dual Problems of Sensitivity and Tolerance

The difficulties of using opioids to reliably end life are well can be demonstrated using morphine as an example.

The biggest problem associated with taking opioids is predicting the effect of a particular dose. There is remarkable individual variability in sensitivity to these drugs within the normal population. People who are similar physically (same height, weight, sex etc) can have a vastly different response to the administration of the same dose of a drug.

A small opioid dose may have almost no effect on one person, while that same dose could kill another person. Predicting the effect of the drug on an individual is difficult. When these drugs are used clinically, where accidental death would be disastrous, the rule of thumb has been to 'start low and go slow' until the individual's sensitivity to the drug is established.

Another difficulty with opioids is the rapid development of tolerance when the drugs are taken for any period of time. Within days, the dose of the drug that initially had a powerful effect on a person's pain can, can become almost ineffective.

To obtain the same pain relief the dose must be increased. If these drugs are taken over a long period, very large doses might be needed to provide adequate pain control. Yet these required doses can become so large that if they had been taken before the person's tolerance had developed, death could well have been the result.

It is this development of tolerance, and its rapid loss once the drugs stop, that often leads to the accidental death of people who self-administer opiates, especially heroin. If there is a break in supply and the acquired tolerance is lost, a sudden resumption may result in an unexpected fatal overdose.

The Opioid Antidote

Another important consideration for a person thinking they might use opioids to end life, is the ready availability of the fast-acting and effective antidote, naloxone. Naloxone competes with the opioids for the receptors in the brain, displacing any of the opioids that are present. Naloxone can rapidly reverse the effects of the drug. People close to death from respiratory failure brought about by a lethal dose of opioid can be rapidly resuscitated when naloxone is administered by injection (or by nasal spray). In the 2016 presidential election, Hillary Clinton announced a policy to make naloxone nasal spray readily available as one part of her policy in dealing with illegal drugs in the US.

http://www.alternet.org/drugs/hillary-clinton-drugs

Anyone using an opioid to bring about a peaceful and reliable death needs to be aware of the existence of the antidote, Naloxone.

Morphine

Morphine is commonly prescribed as a slow release (SR) tablet. MS Contin and Kapanol are marketed forms of morphine. These tablets may be taken once or twice a day. They are designed to slowly release the morphine in order to give 'background' pain control. For the onset of sudden (breakthrough) pain, a fast-release form of the drug such as 'Ordine' (liquid morphine) is often prescribed.

Many very sick people receive these pain drugs in the context of serious illness. Sometimes these very sick people will go to great lengths to stockpile morphine tablets, believing that they can acquire a lethal dose. The problem is, knowing how many morphine tablets to accumulate is like asking the length of a piece of string.

A single dose of SR tablet morphine may cause death, but the result is often unpredictable. The fast-acting liquid morphine may be a more effective form of the drug, but the problems of sensitivity and tolerance remain.

For these reasons it is difficult to recommend morphine as stand-alone, single-dose, oral agent to provide a reliable death.

Morphine does, however, have a role as a supplementary or potentiating agent, (ie. a drug taken to enhance the effectiveness of another drug). While alcohol is the usual potentiating agent, for people who do not drink, liquid morphine can be a good alternative.

Slow Euthanasia - The Doctor's Loophole

Morphine plays a major role in the practice of 'Slow Euthanasia' (or the 'Doctrine of Double Effect' as it is often called). In a country where assisting a suicide is an illegal act, slow euthanasia is the only way a doctor can hasten the death of a patient and escape any legal consequence.

Known commonly as the 'doctor's loophole' slow euthanasia allows a doctor to end a patient's life by slowly increasing the amount of a pain-killing drug. In the eyes of the law it doesn't matter if, in the course of treating a person's pain, the person dies. As long as the stated primary intention is the treatment of the person's pain, the doctor is legally safeguarded. Yet it is the administration of the pain-relieving drug that causes the double effect; it relieves pain but it also causes death.

While slow euthanasia is relatively common, few doctors admit their involvement. Even while administering slow euthanasia, some doctors will argue that they are only treating the patient's pain. Others know exactly what their 'prime intention' is, but wisely decide to keep quiet about it. Others just prefer not to think about it too closely.

It is a pity that this practice is so cloaked in secrecy. Clearly, it would be better if there were open and honest communication between the medical system (represented in the doctor and health care team), the patient and the patient's family. However, in jurisdictions where laws are in place that make it a serious crime to hasten a patient's death, but make it no crime at all to aggressively treat pain, there is little prospect of change.

How Slow Euthanasia Works in Practice

A doctor practicing slow euthanasia usually gives a narcotic analgesic (morphine), while periodically reviewing the patient's pain. The claim is then made that treatment is inadequate, and the morphine dose needs to be increased.

If this review takes place every 4 - 6 hours, morphine levels will rise. Eventually, lethal levels will be reached and the patient will die. The doctor will defend their actions by saying that they were trying to control the patient's pain. Death, they will argue, was an unplanned consequence of either the patient's disease or the necessary treatment for the pain.

Opioids

Natural
Opium
Morphine
Codeine

Semi Synthetic
Oxycodone
Heroin

Synthetic
Pethadine
Methadone
Fentanyl

Fig 10.2: Table of common opioids and a 200ml bottle of 10mh/ml 'Ordine' liquid morphine)

It can often take days for the levels of morphine to become high enough to cause death. It is important for the doctor's legal safety that the process is slow. Indeed, it is the length of time taken that gives credibility to the argument that there was effort put into establishing 'just the right dose' of morphine.

If, for example, a single large dose of morphine was administered and death resulted, it would be almost impossible for the doctor to argue that their prime intention was the treatment of the patient's pain. Slow euthanasia is necessarily slow; it must be, to safely exploit this legal loophole.

Another way of understanding the process of slow euthanasia is to consider the link between cause and effect. The time taken for the morphine to end life muddies the water and blurs the connection between the cause (the commencement of morphine) and the effect (the patient's death). By blurring this link, a doctor can help a patient die and escape the legal consequences.

Slow euthanasia has a number of features that limit its appeal to a patient. Firstly, it is the doctor who is in control. While a patient might ask for this form of help, it will be the doctor who decides if and when it will be provided. Just because you - the patient - feel that now is the right time to begin the process, there is no guarantee that the doctor will agree.

The doctor may say that you should wait; wait until you become sicker, perhaps until your haemoglobin drops a few points, or your respiratory function tests deteriorate further. The sicker you are, the safer it is for the doctor to go down this path. If the doctor disagrees with you and thinks the 'best time' to help should be several weeks away, there is absolutely nothing you can do about it.

Another drawback of slow euthanasia is the restriction on the range of drugs that a doctor might use to help a person die. The doctor's defense must be that they were treating the patient's pain (as opposed to causing death). This is why a pain-relieving drug like morphine must be used.

A doctor could not, for example, administer a large dose of a barbiturate. While a barbiturate might provide the most peaceful and quickest death, barbiturates are not pain-relieving drugs. A claim that a barbiturate was being used to treat pain makes no sense.

The use of morphine by doctors to end life has led to the common community misconception that the best drug to use to end a person's life is morphine - it must be. That's the drug that doctors use! This unfortunate misunderstanding leads to many failed suicide attempts.

'Double M' Therapy

For a person to die of a medically-administered morphine overdose, the process must be slow. Indeed, slow euthanasia can often take days or even weeks. Often the patient is given a sedative that keeps them asleep through the whole process; midazolam is the drug of choice.

Coupled with morphine, this morphine - midazolam mix (known as 'Double M' therapy) places the patient in an induced coma for the time needed to raise the morphine level sufficiently. Double M therapy allows the patient to sleep through their own death and gives rise to another name for the process - 'pharmacological oblivion.'

The doctor still makes the assessment about the need for larger and larger morphine doses. Here the decision is based upon a clinical assessment of the unconscious person, not on the patient's complaints about their pain.

In slow euthanasia, the doctor also chooses the place of death. It is unusual for slow euthanasia to take place in a patient's home. Usually it occurs in an institution, commonly a hospital or hospice.

In an institution, a team is often involved in providing care and several doctors might participate in the relentless increase of the morphine. This further blurs the link between cause and effect. This makes the process even safer for the medical staff involved. While slow euthanasia could take place at the patient's home, in practice this presents many logistical difficulties. The doctor would need to make many visits, perhaps several a day, to facilitate the relentless increase in drugs.

Also full nursing care is required; an unconscious patient needs to be moved regularly and watched constantly to ensure the flow of drugs is not interrupted. This is often an extremely difficult time for those close to the patient as they find themselves participating in this deliberate, slow death watch.

For these reasons, few people opt for slow euthanasia as their preferred choice for a peaceful, dignified death. More commonly, it is an option of desperation, when few alternatives exist. In such dire circumstances, if a doctor does offer to help (usually through a nod, a wink and an understanding), patients will grab the chance, reasoning correctly that this is better than nothing.

Those who are left often see this as an example of a doctor helping someone to die. This leads to the commonly expressed view that there is no need for euthanasia legislation. People say 'I can't see what all the fuss is about with assisted suicide – it goes on all the time – doctors are always helping people to die.'

It is as well to remember that 'what goes on all the time' is the grim process of suspending a sick person by a thread between life and death for an arbitrary time, until the thread breaks.

That is slow euthanasia!

In Exit's internal polling of over 1000 of our supporters, less than one percent (0.3%) of members said that they would prefer slow euthanasia compared to a Peaceful Pill (89%). Slow euthanasia is, therefore, one of the least-preferred methods of dying, and one that is usually avoided when other options exist.

Given a choice, people prefer to have control of the dying process. This is not the case with slow euthanasia. It is relatively rare to find someone who wants to spend their last days in a drug-induced coma. When people decide that their suffering is so great that death is preferable, they want their passing to be quick.

This is why slow euthanasia is almost always an option of last resort. It is the method accepted when nothing else is on offer, and the only alternative is relentless and ongoing suffering.

Another unfortunate consequence of slow euthanasia is the common belief that morphine is the best drug to end life. This reputation is undeserved and comes from the almost-universal use of morphine (or other opioids) in slow euthanasia, where doctors have little choice.

While a single overdose of morphine may cause death, individual sensitivity and tolerance to these drugs make this an uncertain and unpredictable process. Morphine is best used to do the job it is designed to do, control strong pain. There are better euthanasia options available.

The Use of Heroin

Exit is occasionally asked about whether heroin can be obtained from 'the street' and used to end life. These questions are often prompted by media reports of people dying from a heroin overdose. In reality, there is little to be gained by using heroin.

As an opioid, heroin suffers from the same problems of tolerance and sensitivity discussed above. In addition, there is the question of the uncertainty of the dose with heroin. Because it has been acquired on the streets, one can never be exactly sure what or how much one has actually purchased. It also needs to be injected intravenously. In Exit's experience, few elderly and seriously ill people have these skills.

Note: If heroin is taken orally, it turns back into morphine in the gut and offers no advantage over prescription tablet morphine, where at least the exact dose is known.

Note: Morphine and the other opiods are useful drugs to reduce the distressing symptom of dyspnea and air-hunger from pneumonia. In the COVID-19 chapter in this Handbook it is suggested that those with this infection and seeking a peaceful death could make good use morphine (or heroin).

The New Synthetics – Fentanyl and Carfentanil

The opioid fentanyl was first synthesized in 1960 by Belgium researcher, Paul Janssen. This drug and a number of structural analogues, including sufentanil, lofentanil and carfentanil were found to have a strong agonist effect on the opioid receptors in the brain and were immediately recognized as powerful analgesics. Fentanyl, the first to be marketed commercially as an analgesic is ~ 100x more potent than morphine, carfentanil, developed to sedate large animals, 10,000x more potent. In 1984, the Food and Drug Administration (FDA) declared all fentanyl analogues to be Schedule I substances (completely illegal and useless for medical purposes).

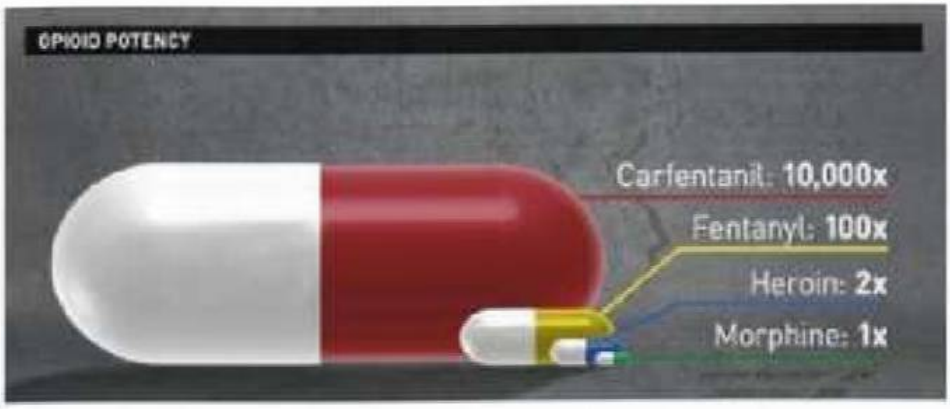


Fig 10.3 Schematic representation of the varying potency of different opioids

Fentanyl is a powerful fast-acting opioid prescribed for the control of strong pain. It is rapidly metabolised in the body by the (Cytochrome P450) liver enzyme and excreted. Indeed, this rapid breakdown of the drug means that the dug can sometimes be difficult to detect at post mortem. The oral ingestion of the drug results in lower plasma than that obtained by other available means of the drug's administration (transdermal, intravenous, buccal, or even as an aerosol (as used in 2002 in the Russian theatre hostage crisis, see: *http://rense.com/general31/opi.htm*

Products that interfere with the enzymatic breakdown of the drug can significantly (and dangerously) increase blood levels of the drug. For example, the taking of grapefruit juice 'may result in a potentially dangerous increase in fentanyl plasma concentrations. This can, in turn, increase or prolong adverse drug effects and may cause potentially fatal respiratory depression'. See: http://www.cmpr.com/clinical-charts/pharmacological-effects-of-grapefruit-juice-with-medications/article/207375/

Marketed forms of fentanyl include ampules for intravenous administration (eg a 10ml ampule containing 0.5 mg fentanyl) and skin patches with various delivery rates (eg 0.1mg in an hour).

Fig 10.4 Commercial ampoule of Fentanyl Citrate 0.5mg in 10ml

The analogue carfentanil is even more potent than fentanyl and is not marketed as a pharmaceutical product. It is only available illegally.

Both fentanyl and the analogues have potential for use as end of life drugs. The narrow therapeutic index (the dosage range in which the drug is an effective analgesic) and the small quantities needed for lethal depression of respiratory function are important factors. A lethal dose of fentanyl is as little as 3mg when taken intravenously. However, larger quantities will be needed for reliable lethal oral administration unless metabolism slowing steps (eg the drinking of grapefruit juice) are adopted. For carfentanil, even smaller doses will end life.

Fig 10.5 –3mg of Fentanyl citrate powder

These drugs retain some of the sedative properties of morphine and the death from these drugs can be painless and quick. The rapid metabolism of these drugs may also give the possibility of undetectability regarding the cause of death.

Difficulties in using fentanyl include the usual problems associated with all opioids of tolerance and sensitivity, although the (illegal) availability of the drugs in lethal amounts and the relatively small physical size of the lethal dose needed, reduces this problem. The availability of an effective antidote (naloxone) means that care should be taken to avoid interruption when taking fentanyl to die.

Legal Comment

Most prescription drugs (including fentanyl and morphine) can be lawfully possessed by a person if they have had it prescribed by a physician. Otherwise, the penalty for importing/ possessing drugs such as fentanyl (<0.005gm) and morphine (<2 grams) in Australia, for example, is up to 10 years imprisonment and a $360,000 fine. The higher the amount of the drug possessed, the higher the penalties. Similar penalties apply for Heroin that is an Australian 'border controlled drug'.

In the UK, heroin, fentanyl & morphine are all Class A drugs with potential maximum penalties of life imprisonment for the upper end of importation. In saying that, data shows that the penalties normally range from 3 years for the less serious offences (having a lesser role in the importation or importing small amounts).

In the United States heroin is a Schedule I Controlled substance. The penalties for importing <100gms are up to 20 years imprisonment and a fine up to one million dollars. Penalties for the importation of >100gms range up to life imprisonment and fines of up to ten million dollars. Fentanyl and morphine in the US are Schedule II Controlled Substances and share the same penalties as Schedule I drugs listed above for lesser amounts. Larger amounts can mean life imprisonment.

Conclusion

One final point on the opioids. If one does die taking these drugs, the death is likely to be very peaceful. Morphia is, after all, the goddess of dreams!

To recap, the problems common to all opioids include tolerance, sensitivity and the existence of an effective and fast-acting antidote. These issues make the use of the commonest opioids (eg morphine, heroin and methadone) less desirable that they may first appear. The purity of illegal heroin is also an issue of concern. The growing availability of the potent synthetics provides some new and effective options. Although, again, the question of purity of illegal fentanyl analogues is a problem.

The Exit RP Test for Opioids

The opioids range widely on the RP Test. When used as a drug and taken as a single dose by a person wanting to die, the difficulty of establishing the lethal dose of the slower opioids significantly reduces Reliability (Morphine 4/10, Fentanyl 8/10). Peacefulness, however, is very good (9-10/10).

Minor criteria scores are varied. Availability (3/5), sometimes morphine or fentanyl is readily available – eg if a person is suffering from a recognised painful disease. But the use of the opiates as drugs of addiction, and their place in the illegal narcotic trade, can also make them very difficult to obtain. Purity is always an issue with the illegal street opioids. Preparation is easy (5/5), although constricted 'pinpoint' pupils will often alert a medical officer to the presence of the slower opioids in the system (Undetectability = 2/5, 4/5 for Fentanyl).

Death from morphine can also take some time, depending on one's tolerance, and resuscitation. Frustration and failure can occur if someone intervenes and if the opiate antagonist naloxone is used (Speed = 2/5). There are no safety issues (Safety = 5/5). The drugs have a moderate shelf life (Storage = 3/5).

Exit RP Test - Opioids

Criteria	Score (Morphine)	Score (Fentanyl)
Reliability	4/10	8/10
Peacefulness	10/10	9/10
Availability	2/5	3/5
Preparation	5/5	5/5
Undetectability	2/5	4/5
Speed	2/5	3/5
Safety	5/5	5/5
Storage	3/5	3/5
Total	**33 (66%)**	**40 (80%)**

Propoxyphene

Introduction

A useful, lethal drug, still prescribed in a handful of countries, is 'Propoxyphene'. The drug is marketed under various names and used as an oral analgesic (pain reliever). If prepared in a certain way, and taken in combination with a common benzodiazepine sleeping pill such as oxazepam (Serepax), propoxyphene will provide a reliable, peaceful and dignified death.

Propoxphene capsules (Doloxene)

The Various Forms of Propoxyphene

Propoxyphene is marketed under a number of names, examples include Darvon, Doloxene, and Depronal.

Regardless of its name, the key necessary ingredient is propoxyphene – either as the hydrochloride or napsylate, and it is important that the drug labels are read very carefully. In some video segments included in this chapter the name Doloxene is used to refer to propoxyphene.

Propoxyphene capsules have only one active ingredient (dextropropoxyphene napsylate). However, the drug propoxyphene is often marketed in combination with other common analgesics such as paracetemol (acetaminophen) and marketed as Di-Gesic (Darvocet).

These combination products are of limited use. Taking a large amount of the associated drug can complicate the process. The ingestion of a substantial quantity of paracetemol (acetaminophen) for example may well lead to death, but it would not be regarded as particularly peaceful.

Note: With the withdrawal of the barbiturate sleeping tablets from the medical prescribing list, Doloxene has become the most common doctor-prescribed medication used by seriously ill people to end their lives. Recently, the unique properties of Doloxene have begun to attract attention; first in the UK, then New Zealand and more recently in the US and Canada where it has now been removed from the prescribing schedule.

When is Propoxyphene Prescribed?

Propoxyphene (dextropropoxyphene napsylate) is almost always available from a doctor on prescription, where it is used for pain management. Propoxyphene is usually prescribed when over-the-counter pain relievers prove inadequate and when other, more common prescription pain-relievers (eg. Panadeine Forte or Tylenol-Codeine - a mixture of paracetemol and codeine) prove unsatisfactory.

Propoxyphene can be used whenever there is a need for general pain relief. Before their removal in 2010 in the US (and Canada), propoxyphene and combinations were the 12th most prescribed generic drug (Public Citizen, 2006)

How Lethal is Propoxyphene?

Propoxyphene has a very narrow therapeutic margin. The difference in dose between that providing analgesia and that causing death is small. Like the opioids, the outcome from a particular dose can be difficult to predict, but this drug produces a cardiotoxic metabolite when it breaks down which increases its usefulness as a self deliverance agent.

When another drug, the readily-available, non-lethal sleeping tablet, oxazepam, is added, along with alcohol, the result is certain. Exit has no reported failures from this combination.

As the reputation of propoxyphene has grown, so script sizes have been reduced. The standard packaging number for propoxyphene is now 50 capsules. All capsules contain the same 100mg of dextropropoxyphene napsylate.

If 10gm of dextropropoxyphene napsylate powder is obtained from 100 capsules and taken with 10 or more moderately, long-acting sleeping tablets like oxazepam, death will follow.

Propoxyphene is usually prescribed at the rate of 4-6 capsules per day (400 - 600 mg) to deal with pain. Ten grams of the drug would provide around 2 to 3 weeks of pain control.

The Role of Oxazepam

Oxazepam (Serepax) is a moderately long-acting, non-lethal sleeping tablet. Another moderately long-acting sleeping tablet often used in combination with propoxyphene is nitrazepam (Mogadon). These modern sleeping tablets are members of a drug class known as benzodiazepines and when taken by themselves are not usually lethal, even if taken in large amounts. When taken in combination with propoxyphene, oxazepam or nitrazepam reinforce the effect of a propoxyphene and a lethal combination is the result.

Fig 11.2 The common sleeping tablet - oxazepam (Serapax)

Note: Duration of action of the benzodiazepine is important - shorter acting drugs like temazepam are not recommended.

When is Oxazepam Prescribed?

Well known as sleeping drugs, oxazepam and nitrazepam are available on prescription from a doctor. They are prescribed for insomnia (when a person is unable to sleep). Oxazepam is usually prescribed in packets containing 25 sleeping tablets, which come in two sizes, 15mg and 30mg.

People using propoxyphene, often take a full packet of 30mg oxazepam tablets as the supplement.

Using Propoxyphene

The drugs are taken sequentially. Prepare the propoxyphene by pulling apart 100 x 100mg capsules (or cut them open with scissors) and empty the 10gm white dextropropoxyphene napsylate powder into a glass. In another glass place 10 or more 30mg oxazepam tablets and cover them with water.

It is wise to take an anti-emetic (eg metoclopramide) either as a single stat dose or for 48 hours before the planned death. After having something light to eat, add enough water to the 10gm of propoxyphene powder so that stirring allows the drug to be drunk. Note: the napsylate does not dissolve in the water, stir with a spoon and then drink the suspension of particles. Stir the second glass with the oxazepam and water till this also can be taken as a drink.

Video: *Using Propoxyphene*

Fig 11.3: 100mg pink Propoxyphene Capsules

Alcohol is useful to take away the bitter drug after-taste and will speed the process. Sit comfortably. In 10 - 20 minutes sleep will occur and death will follow usually in 4 - 6 hours.

Shelf Life of Doloxene

Propoxyphene has a relatively long shelf life. Prescribed capsules have an expiry date stamped on each card and this is usually 2 or 3 years into the future. Although this provides only a rough guide, in the absence of any available testing of the drug, it is the only indication one has. Capsules that have reached their expiry date should be treated with caution (See earlier Chapter on discussion on shelf life).

The Future of Propoxyphene

Propoxyphene faces an uncertain future. The withdrawal of the drug from the prescription schedule in the UK in early 2005. The drug has also been withdrawn in the European Union, the US, Canada and in New Zealand. In November 2010 the FDA announced that the drug would be also removed from the US market.

See: *http://nyti.ms/9tPzgD*

At the time of press, propoxyphene is still available on prescription in Australia, Mexico and a range of South American and Asian countries.

Legal comment

Not surprisingly, both Propoxyphene and Oxazepam can be lawfully possessed if they have been prescribed by a physician. While Oxazepam is a widely prescribed drug, only in Australia is Propoxyphene still able to be prescribed. In Australia, maximum penalties for the importation of Propoxyphene and Oxazepam are no more than 3 times the value of the import or $180,000 (whatever is the greater maximum penalty).

In the UK, Propoxyphene and Oxazepam are Class C drugs with maximum penalties of 14 years imprisonment for importation and an unlimited fine limit.

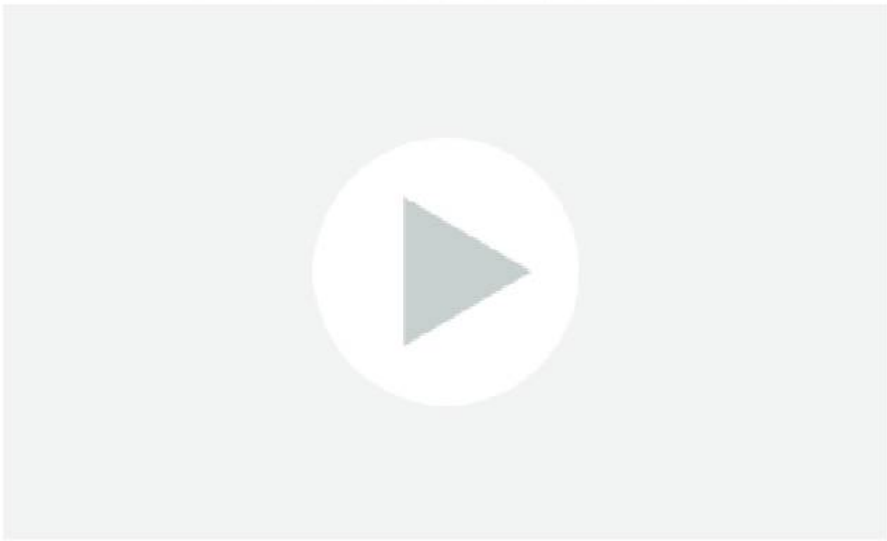
In the US, importers of Propoxyphene will generally face up to one year imprisonment and a $1,000 fine. Oxazepam is a Schedule IV controlled substance the importation of which holds the importer liable for up to five years imprisonment and a $250,000 fine.

Fig 11.5: Propoxyphene powder ready for mixing with water

Fig 11.6: 10gm propoxyphene ready to drink

Video: *The Preparation of Propoxyphene (Doloxene)*

Video: *What is the Shelf Life of Doloxene?*



RP Test for Propoxyphene

Propoxyphene scores well on the RP Test. Exit has no confirmed reports of failure and it rates 9/10 for Reliability. The time before sleep occurs is longer than other drugs like Nembutal and this can cause anxiety. Peacefulness (7/10).

In the minor categories: Availability is listed at 4/5. Most people who set out to get this drug will acquire it. Remember though that if the drug is withdrawn, availability will drop to zero. Preparation is more complicated than with other ingestibles (Pr=3/5). The drug is undetectable - unless there is an autopsy, although constricted pupils may cause suspicion (D=3/5). The process is slow (Sp=2/5) the drug presents no risk to others (Sa=5/5). The drug has a moderate shelf life (St=3/5). Total 36 or 72%

RP Test for Propoxyphene

Criteria	Score
Reliability	***9/10***
Peacefulness	***7/10***
Availability	***4/5***
Preparation	***3/5***
Undetectability	***3/5***
Speed	***2/5***
Safety	***5/5***
Storage	***3/5***
Total	***36 (72%)***

Amitriptyline

- Introduction
- Using Tricyclics for a Peaceful Death
- Preparation of Amitriptyline
- Availability
- The RPA Test for Amitriptyline

Introduction

Amitriptyline is the most useful in a class of drugs known as 'tricyclic anti-depressants' (TCAs). These drugs can be lethal if taken in a certain way.

The TCAs date back to the early 1960s when they established themselves as useful anti-depressants. However, their narrow therapeutic margin (the dose needed for therapy as an anti-depressant and that which is toxic) is close, meant that there were dangers in prescribing these drugs, especially to depressed people, in terms of either accidental or intentional overdose.

The implication of the TCAs in a large number of deaths from overdose meant that other classes of safer anti-depressants (such as the seratonin re-uptake inhibitors - SSRIs like fluoxetine aka Prozac) found favour and largely displaced the TCAs.

Since this time the TCAs have undergone something of a resurgence for the treatment of intractable neuropathic pain (such as trigeminal neuralgia) and migraine.

Using Tricylics for a Peaceful Death

The TCAs have several characteristics that make them useful as reliable and lethal drugs. In particular, they exhibit cardiotoxic and central nervous system (CNS) effects. While CNS symptoms include sedation and coma, it is the cardiotoxic effects (a reduction of cardiac output, the lowering of blood pressure and a disruption to cardiac rhythm) that bring about death from ischemic hypoxia.

The toxic effects of a TCA are accentuated if the drug is rapidly absorbed from the gut. This occurs in the alkaline environment of the small intestine. Preparation as a drink facilitates this, as does the use of an anti-emetic like metoclopramide (Maxolon) which speeds gastric emptying.

Amitriptyline is one of the most sedating of the TCAs and particularly useful as a lethal drug. The drug is marketed as Endep or Elavil tablets. The amount required is 8 - 10 gm.

The antidepressant amitriptyline marketed as 50mg Endep

Note: While Amitriptyline is an effective single-agent end of life drug, its reliability is greatly enhanced when used in combination with other drugs - see the Chapter titled 'The Lethal Drug Mixtures'.

Preparation of Amitriptyline

The drug is usually packaged as tablets in 10, 25, 50 or 100mg amounts and is usually supplied in packets of 50 tablets. Two packets of 100mg tablets is (100 x 100mg) or 10gm of the drug.

For preparation, place 200 of the 50mg tablets in a glass. Add enough water to cover the drug and with gently agitation allow the drug to dissolve.

Take 3 x 10mg metoclopramide tablets and wait 40 minutes before drinking the dissolved amitriptyline. Follow this with 10 or more benzodiazepine sleeping tablets. The process is completed by taking a small amount of alcohol to potentiate the action of the drug, and to take away the bitter after-taste.

Amitriptyline with metocloptamide, oxazepam and Gin

Note: In the accompanying 'Preparing Amitriptyline' video the quantity of amitriptyline is given as 5gm. This has since been revised to 8 - 10gm.

Video: ***Preparing Amitriptyline***

Amitriptyline is particularly useful end of life drug as its cardiotoxic properties are combined with strong sedation. Nevertheless, to ensure that loss of consciousness has occurred before the heart is stopped, it is useful to include a benzodiazepine sleeping drug after taking the amitriptyline and before the alcohol (eg. whisky). Serapax (oxazepam) is useful for this purpose. A full card (20 x 30mg tablets) of oxazepam can be crushed, then mixed with water and taken as a drink after the amitriptyline.

An alternative, if prescription-controlled oxazepam cannot be obtained, is the off-licence benzo 'Diclazepam' which can be legally sourced on the Internet. 1gm can be dissolved in propylene glycol and taken with alcohol after the amitriptyline drink see the Chapter titled 'Pre-Medication & Potentiation'.

Once the drink has been consumed, settle back and take the alcohol. The drug cocktail will work quickly, inducing sleep in about 15 minutes. Sleep will then deepen as consciousness is lost and the cardiotoxic properties of the drug bring about death. This period can vary and it is a good idea to have prepared a situation where there is no likelihood of disturbance for a period of up to 24 hours.

Availability

Amitriptyline is, generally-speaking, prescription-controlled and it can be difficult to convince your doctor that you are in need of 'an old fashioned anti-depressant!'

However it can be sourced from online Internet pharmacies unless country-specific restrictions apply. One such pharmacy selling Amitriptyline can be found at:

https://rxmedonline.com/catalog/view?slug=Endep

Online pharmacy - *https://rxmedonline.com*

How does Amitriptyline score on the RPA test?

Reports of failure using this regime are rare, and so it rates 8/10 for *Reliability*. However, the time before sleep occurs is longer than with the barbiturates and this can cause anxiety. This is why good 'benzo potentiation' is strongly recommended.

Peacefulness is rated at 7/10.

Availability from online Internet sources provides a rating of 7/10.

In the minor categories:

Preparation is more complicated than with other ingestibles, giving a rating of 3/5. Note - the drug is undetectable, unless there is an autopsy.

There is nothing about the death that suggests the use of this drug (ie. the person looks as though they have died of a cardiac arrest, which they have). Detectability is rated at 3/5.

The process is, however, slow (rating 2/5). The drug has a moderate shelf life (rating 3/5).

Amitriptyline presents no risk to others so has a safety rating of 5/5.

There are some legal restrictions so this rating is 3/5.

Total RPA Test Score is 40 or 66%

RPA Test for Amitriptyline

Criteria	Score
Reliability	***8/10***
Peacefulness	***7/10***
Availability	***6/10***
Preparation	***3/5***
Undetectability	***3/5***
Speed	***2/5***
Safety	***5/5***
Storage	***3/5***
Legality	***3/5***
Total	***40 (66%)***

Chloroquine

Packaging & Availability
Lethal Dose
Administration
Potentiating & other supplementary drugs
President Trump & the Chloroquine Controversies

Introduction

Long before President Trump touted that chloroquine would be the 'game changer' in the fight against COVID-19, this useful end of life drug was making something of a comeback.

First highlighted by the French suicide manual *Suicide Mode d'Emploi* in 1982, the ready availability of this anti-malarial (available either online or over-the-counter in some countries) has contributed to its use as a means of providing a reliable death. Cambodian despot, Pol Pot, is believed to have used chloroquine (in conjunction with Valium) on the night of the announcement by the Khmer Rouge that they planned to hand him over to international authorities for trial.

First synthesised in the 1930s as a substitute for naturally produced quinine, the drug was found to be effective against malaria and some auto-immune diseases such as lupus and rheumatoid arthritis. However, concerns over the drug's narrow therapeutic range (blood levels for effective treatment of malaria are in the

order of 0.02-0.5 mg/l) saw its widespread use delayed until after the Second World War. Indeed, toxic symptoms have been reported with as little as 0.5 - 1.0 mg/l, and levels of >3.0 mg /l are often fatal.

Concern over the drug's toxic properties led to the synthesis of a less toxic analog, hydroxychloroquine, in the 1950s. Estimated to be ~2x less toxic than chloroquine, this drug (marketed as Plaquenil) continues to be used as an anti-malaria; as well as in the treatment of auto-immune diseases.

The toxicity of chloroquine is not well understood. The drug affects the movement of sodium and potassium through the cell walls. The resultant change in serum potassium can bring about cardiac arrest. This is not a peaceful death and, therefore, supplementary drugs are needed.

Packaging & Availability

Chloroquine is usually marketed as a salt (usually the phosphate form)'chloroquine phosphate 250mg' and comes in blister packets of 20 tablets. Brand names include 'Avloclor'. Much of the

Avloclor 250mg (chloroquine phosphate) &
Plaquenil 200mg (hydroxychloroquine sulphate) tablets

world's malaria is now chloroquine-resistant 'CRM'. The chloroquine analog hydroxychloroquine sulphate (marketed as 'Plaquenil') is often required.

Interestingly, in the post-COVID world, chloroquine in either form has become especially hard to obtain either on script or over-the-counter. This has affected the rating of chloroquine in the RPA table. The availability of an off-licence form of chloroquine phosphate as a fish tank additive compensates for this difficulty to some extent.

Lethal Dosage

Quantities in excess of 5gm of chloroquine base will result in a lethal blood level of the drug. 250mg of chloroquine phosphate salt has ~150mg of active chloroquine base in each 250mg tablet. Anything in excess of 2 packets (40 x 250mg tablets) would be a reliable lethal dose.

Hydroxychloroquine, marketed as Plaquenil 200mg tablets, has less available base and is less toxic, but 12gm (or 60 x 200mg tablets) would be effective.

Administration

The drug is taken by mouth whereby it is rapidly and completely absorbed from the gut. Administration involves crushing 50 tablets and then dissolving them in 100ml of water. This method will lead to rapid absorption from the gut. Note, however, this small drink will be extremely bitter.

If there are significant concerns over the bitter taste of the drug, the tablets could be crushed into a powder and then repackaged into '00' or '000' gelatine capsules (See the previous Chapter on Cyanide).

The first symptoms of overdose will take place within 30 minutes of ingestion. Death will usually occur within 1 - 3 hours. Drowsiness and dizziness quickly progress to loss of consciousness, possible seizures, arrhythmia and shock. Death follows from cardiac arrest.

Potentiating and Other Supplementary Drugs

Although the volume of this lethal drunk may be small, it is extremely bitter and anti-emetics are essential. Metoclopramide 3x10mg taken 40 mins prior is suitable.

The use of benzodiazepines to mask the unpleasant symptoms associated with the cardiotoxic properties of the drug is recommended. A medium to fast-acting drug like oxazepam (eg Serepax 3 x 30mg) taken immediately after the chloroquine would be effective.

The reported protective effect of the benzodiazepine Valium (diazepam), in particular, has been the subject of considerable debate. Medical journal articles describe the use of Valium in cases of severe overdose as a *life-saving* measure. For this reason, intercurrent use of this drug should be avoided.

Specific potentiation can be achieved by taking the H2 antagonist cimetidine (eg. Tagamet 800mg taken as a pre-dose with the anti-emetic). Cimetidine interferes with chloroquine metabolism and pushes up serum levels.

Other drugs can also be usefully used to increase the lethal effects of chloroquine. For example, alcohol, along with respiratory depressants (barbiturates) or cardiac inhibitors (*B* blockers) can serve this purpose.

President Trump & the Chloroquine Controversies

The endorsement of chloroquine and hydroxychloroquine by US president Donald Trump, has led to a global surge in demand for these drugs. This demand has, in turn, severely limited their availability. In May 2020, Trump announced he was taking hydroxychloroquine to 'ward of COVID-19'. The media surrounding Trump and chloroquine prompted Exit to calculate the specific lethal dose that would be required for someone with the president's build.

At 110 Kgm, President Trump is overweight. His height is 188cm. This gives him a BMI of a little over 30 which is a technical classification of 'obese' (Note - he is not 'morbidly obese' as claimed by Nancy Pelosi in a CNN interview at the time).

The lethal dose of hydroxychloroquine for someone with body weight up to 100 Kgm is 12 gm. However, for each 10 Kgm over, 10% should be added to the dose. This means that 13.2gm of hydroxychloroquine (or 66 x 200 mg Plaquenil tablets), along with 3 x 10 mg tablets of metoclopramide, 4 x 200 mg of cimetidine and 3 x 30mg of oxazepam would be a suitable and effective life ending drug combination for the President, were he wishing to take the step of ending his life, reliably and peacefully.

President Trump is given details on the necessary hydroxychloroquine lethal dose

The RPA Test for Chloroquine

The drug scores well on Reliability (8/10). Peacefulness (5/10) can be greatly improved with correct co-administration of benzodiazepine drugs. Availability is marked with an '*' because of current wild fluctuations brought about by its supposed anti-COVID-19 properties

RPA Test for Chloroquine

Rating	Chloroquine
Reliability (10)	8
Peacefulness (10)	5
Availability (10)	4*
Preparation (5)	3
Undetectability (5)	3
Speed (5)	3
Safety (5)	5
Storage (5)	4
Legality (5)	5
Total (60 or %)	40 or 66%

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Insulin

Introduction

There has been a lot of recent interest in the use of Insulin to provide a peaceful death. Reasons for this are easy to understand. In developed nations there is a huge growth in the numbers of people with Type 2 diabetes, and a corresponding increase in the number of people with ready access to this drug. An additional factor is the common chronic complications that often accompany severe forms of this disease. These symptoms can often so limit a person's quality of life, that the option of a peaceful death is sought.This drives interest in the use of this drug.

What is Insulin & is it effective?

Insulin is a substance produced in the pancreas that controls sugar levels in the body. If the pancreas fails (type 1 diabetes), or if the insulin produced fails to have the expected effect (type 2 diabetes), blood sugar levels (BSL) rise and disease results. Synthetic insulin can then be used to drive down the BSL to normal levels.

However, if an overdose of this drug is taken, the blood sugar can be pushed dangerously low, and diabetic hypoglycemic coma and death result.

A hypoglycemic death from Insulin overdose, where the brain is starved from sugar, can be relatively peaceful. Initial symptoms of confusion and incoordination (often confused with drunkenness) can lead on to a rapid loss of consciousness.

Significant problems using Insulin

The biggest problem with using the drug in this way is that Insulin must be injected. As yet there are no oral forms of the drug. The problems of intravenous administration have been described in the former Chapter about different aspects of drugs. Although

Fig 14.1: Typical subcutaneous Insullin administration

insulin can also (and usually is) given by subcutaneous injection, trying to administer an excess of 1000U of the rapid acting form of this drug, by the subcutaneous method can be practically impossible.

The other issue is that the growing number of people with access to this drug have the form of the disease where their bodies are unresponsive to the drug (Type 2 diabetes). While 1000U administered rapidly might peacefully end the life of a non-diabetic, those with the disease need to be much more careful.

In theory, one can pre-sensitise oneself, by taking alcohol (which restricts the body's emergency release of sugar), fasting, and by the administration of a significant dose of oral hypoglycemics before the insulin is injected. (eg ~50mg Glimepiride), the risks and uncertainties of the administration of a large subcutaneous injection remain.

Legal comment

In the US, insulin can be imported if it is being prescribed and is for personal use. Outside of these circumstances, the penalty for importation is up to one years imprisonment and a $1,000 fine. In Australia, Insulin is a Schedule 4 prescription-only medication. With medical authority from a doctor, a three month's supply of

Fig 14.2: 'NovoRapid' rapid acting insulin ampoule, 1000U in 10ml with 0.5ml syringe for subcutaneous administration

NOTE: 20 full syringes would need to be quickly injected to administer 1000U

insulin can be imported. If these requirements are not met, penalties for importation range from 12 months to five years imprisonment and a fine of up to $720,000.

In the UK Insulin is also not listed as a controlled drug and can be legally imported for personal use in no more than a 3 month's supply.

Conclusion

In summary, Insulin is not reliable enough to recommend if subcutaneous injection is the only method of administration available.

The RP Test for Insulin

Insulin scores poorly at 60%, having a questionable reputation in the mjor indices of reliability and peacefulness. Insulin is difficult to prepare, administer (it must b given by injection) and to store (refrigeration is required), however as the drug is injected, the speed of action is quick.

RP Test for Insulin

Criteria	Score
Reliability	***5/10***
Peacefulness	***5/10***
Availability	***3/5***
Preparation	***2/5***
Undetectability	***2/5***
Speed	***5/5***
Safety	***5/5***
Storage	***3/5***
Total	***30 (60%)***

The Lethal Drug Mixtures

- Background
- The 3-Drug protocol
- The 4 Drug protocol, DDMP
- Evolution of the mixtures, DDMP2 through to D-DMAPh
- Using the mixtures
- The RPA test for the mixtures

Background

As the number of US States with laws allowing assisted suicide for the terminally ill rose, so did demand for suitable lethal drugs. The barbiturate, Nembutal, has long been considered the most effective of the orally-administered drugs. However, the leading manufacturer is Danish. Because Nembutal is used for executions in the US, the Danes have elected not to export the drug. The resulting shortage of supply has seen the cost of Nembutal (for an elective death) rise to a prohibitive $20,000. The second most suitable barbiturate for a peaceful and reliable death is Seconal. However, when Canadian drug company, Valeant, purchased Seconal in 2016 they promptly doubled the price to $3000, putting it out of reach for the average person.

* Exit acknowledges the kind assistance of Drs Robert Wood, Carol Parrot, Sally McLaughlin and Lonny Shavelson for providing detail on the mixed drug protocols

These price rises have been the impetus behind the development of cheaper alternatives to the barbiturates. In 2014, 'activist doctors' in Washington State were the first to develop a new lethal '3-Drug Protocol'. Although effective in bringing about death, some people experienced swallowing difficulties and so the research continued. In late 2016, an improved '4-Drug protocol'(also known as 'DDMP') was trialed. More recent improvements have seen the DDMP2, D-DMP2 and a D-DMA mixtures emerge. In 2020, the addition of phenobarb (Ph) to form a new 5-drug D-DMAPh mix was created. These drug combinations are comprised of readily-available pharmaceuticals that can be taken orally without medical assistance. All provide an effective, elective DIY death. This Chapter provides details of these newly-developed mixtures.

* For background: see Kaiser Health News: *http://khn.org/NjgyNzc3*

The ingredients in the 3-Drug Protocol

The 3-Drug Protocol

The three drugs involved in the 3-drug protocol are morphine sulphate, chloral hydrate and the (slow, but available) barbiturate, phenobarbital. The drugs and the quantities required are shown in the diagram on the previous page.

Morphine sulphate - is the most difficult drug to source, given the restrictions on this addictive opiate. The sample pictured contains 50 x 60mg tablets, or the 3gm of morphine sulphate required.

Chloral hydrate - is a sedative that can be used as a lethal, solo drug. The bottle pictured has a concentration of 1gm/ 10ml. A 200ml bottle would contain the required 20gms.

Phenobarbital - is a slow-acting barbiturate that is still prescribed as an anti-convulsant. It can also be used as a solo end of life agent (see 'Taking Nembutal' Chapter). The illustration shows 200 x 30mg tablets, making a total of 6gm of the 20gm required.

Note, there is no so-called 'cardiac switch' in the 3-drug protocol. Death is from hypoxic hypoxia associated with the sedative effects of the drugs involved.

Using the 3-Drug Mixture

With a mortar and pestle, the phenobarb is crushed and then mixed with the crushed morphine sulphate tablets. Once the 200ml of chloral hydrate is added, the mixture is stirred well before being drunk quickly.

An anti-emetic is required. The suggested protocol is 2 x 10mg metoclopramide tablets, along with 8mg of ondansetron to increase relaxation and enhance the effect of the metoclopramide.

The 4-Drug Protocol (DDMP)

Although effective, reports of difficulty with swallowing the 3-Drug mix, and a significant number of 'outliers' (those whose death took more than 4 hours) led to the development of a 4-Drug or 'DDMP' protocol. In this drug mixture, chloral hydrate is replaced with the cardiac drug, digoxin. Digoxin, in conjunction with the *B*-Blocker propranolol, form a 'cardiac switch'. The morphine and diazepam (Valium) mix provide sedation before death from ischaemic hypoxia (as the heart is stopped). See the 'Physiology of Death' Chapter for why this is important.

The required drugs are show below:

- 10gm of morphine
- x100 of 10mg tablets valium (total 1gm)
- x25 of 80mg tablets propranolol (total 2gm)
- x8 bottles (or 800 tablets) digoxin (total 100mg)

The components of the 4-Drug 'DDMP' Protocol

Evolution of the Mixtures - DDMP to D-DMA

As clinicians in the US gained more experience in the use of the DDMP protocol, it became clear that further improvements could be made. The particular issue of concern was the small, but significant, number of people who took much longer than usual to die. The time to death from the ingestion of the DDMP mixture was documented as more than four hours. Yet the objective was a drug mix that would reliably cause death within 2 hours.

Several new strategies were tried. Initially, the morphine dose was increased from 10gm to 15gm. This mix was described as DDMP2. The number of outliers (those taking more than two hours to die) fell 66 percent. A more significant improvement was made by separating out the digoxin. This new development saw digoxin given as a separate dose some 30 minutes before the other three drugs (morphine, diazepam and propranolol) were taken. Thirty minutes was considered long enough for significant absorption of the (physically-small) digitalis dose, before the much larger three-drug mix was consumed. Thirty minutes is also too short for the (unpleasant) symptoms of digitalis toxicity to develop. This strategy, referred to as D-DMP2, further reduced the number so-called outliers. The new mean time to death became 1.3 hours.

Results N-163

DDMP2 n=39 mean 2.2hrs Max 11 hrs 66% <2 hours

D-DMP2 n=44 mean 1.3hrs Max 5.1hrs 81% <2 hours

D-DMA n=80 mean 1.1 hrs Max 4.4hrs 90% <2 hours

The relative effectiveness of DDMP@, D-DMP2 & D-DMA
(courtesy of Dr Lonny Shavelson)

The question of why there were *any* outliers given the nature of the drugs in this protocol, remained something of a mystery until it was realised that the 'cardiac switch' created by the digitalis and propranolol was occasionally failing. When the switch failed, it allowed for some escape heartbeats to occur. This reduced the ischaemic hypoxia. It was reasoned that this failure was associated with the cardio-protective characteristic of a large propranolol dose. The propranolol was, therefore, replaced with 8gm of the tricyclic cardiotoxic drug, amitriptyline. This D-DMA mix reduced the outliers again. More than 90 percent now died within 2 hours. The resultant mean time to death became a little over an hour.

In 2019, 2gm of the *B* blocker Propranolol was replaced by 8gm of the tricyclic Amitriptyline in the 4-drug mix

The tricyclic Amitriptyline is marketed on-line as Endep.

For 8gm, 160 x 50mg tablets are needed

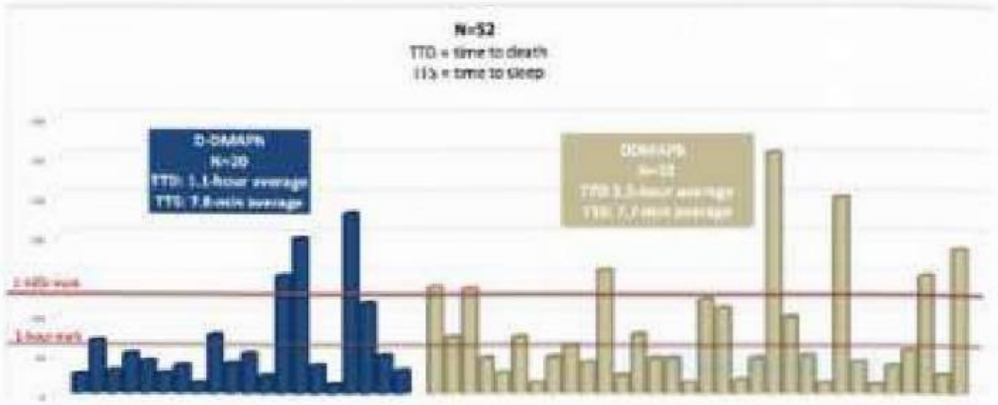
The D-DMAPh '5-drug' List

A further improvement to the Lethal Drug Mixture was made in 2020 with the addition of a 5th drug, phenobarb. Phenobarb (Luminal) is a barbiturate that is still in wide use as an anticonvulsant. Phenobarb had been a component of the original 3-drug mix where 20gm was used. In the newer 5-drug mix, a smaller 5gm dose was added to the D-DMA mix. This was found to further 'pull in the outliers' and shorten the average time from consumption to death. In the first US study of 52 cases the average 'time to sleep' (TTS) decreased slightly, but the 'time to death' (TTD) was reduced from 1.3 hours with DDMAPh to 1.1 hours with D-DMAPh.

The 5-drug mix of D-DMAPh contains:

- 20mg of metoclopramide & 8mg of ondansetron
- 100mg of digoxin
- 15gm of morphine
- 1gm of diazepam
- 8gm of amitriptyline
- 5 gm of phenobarb

Patients' Time to Death for Phenobarbital Protocols (D-DMAPh/DDMAPh)



A total of 52 phenobarbital protocol aid-in-dying deaths were reported to the Academy. 20 patients self-administered D-DMAPh and 32 patients self-administered DDMAPh.

Using the D-DMA and D-DMAPh Mixtures

Many of the drugs discussed in this Chapter are controlled. Others, however, can be purchased on the Internet. Online pharmacies such as *https://rxmedonline.com//* offer mail-order digoxin, amitriptyline, propranolol and phenobarb. Note - Luminal can be sourced from online pet drug suppliers.

The sedative diazepam (Valium) and opiate morphine are the most difficult to source as a prescription is needed. Without a script, they can be found on the dark web. The off-licence Diclazepam can be used as a replacement for diazepam (see the Premedication & Potentiation Chapter).

As an anti-emetic is necessary, a dose of 20mg of metoclopramide together with 8mg of ondansetron (or 2mg haloperidol) is advised. These are taken together an hour before using the 4-drug mix.

The next step is the digoxin. 100mg (or 800 tablets) can be crushed and mixed with water or fruit juice. This is taken 30 minutes after the anti-emetic. After another 30 minutes, the remaining drug mix is taken. This is comprised of 15gm of morphine crushed with 1gm diazepam, 8gm of amitriptyline and 5gm of phenobarb. These are mixed with water or fruit juice and taken as a drink.

Phenobarbital is available on-line. For the required 5gm, four packs of the 15mg tablets shown would be required

RPA Test for the 4- & 5-Drug protocol (DDMA & DDMAPh)

The 4- & 5-Drug protocols represent a reliable, peaceful and cost-effective alternative to the barbiturates.

Preparation - is more involved, especially with the time separation of the digoxin dose.

Speed and *reliability* - especially with the digoxin/ amitriptyline cardiac switch, is excellent.

Availability - Sourcing the drugs (especially the morphine) requires some endeavour. Although the use of a benzoclone like Diclazepam can replace the diazepam.
Availability scores better than Nembutal.

Rating	DDMP	D-DMAPh
Reliability (10)	10	10
Peacefulness (10)	9	9
Availability (10)	8	7
Preparation (5)	3	3
Undetectability (5)	4	4
Speed (5)	3	5
Safety (5)	5	5
Storage (5)	3	3
Total (60 or %)	47 or 78%	48 or 80%

The Pharmacology and Physiology of Aid in Dying

Video presentation by Drs Carol Parrot and Lonny Shavelson

Drug Options - Nembutal

I am hoping to get access to your 'peaceful pill' – not for immediate use, but to have on hand should my health deteriorate too much in the future. Arthur, 77 years

Introduction

The barbiturate Sodium Pentobarbital is the drug that comes closest to the concept of the Peaceful Pill. Exit defines the 'Peaceful Pill' as a pill, tablet or mixture that can be taken orally and that is guaranteed to provide a peaceful, dignified death at a time of one's choosing.

A Short History of Barbiturates

Sodium Pentobarbital or Nembutal as it is commonly called is an important and historically significant drug. Although Nembutal is one of over 50 barbiturate derivatives to have been used medically, it is the drug of choice when it comes to dignified, peaceful dying.

All Barbiturates are derivatives of barbituric acid which was first synthesized by Adolph von Bayer in 1864. A 'condensation' of malonic acid and urea, barbituric acid is said to have acquired its name after St Barbara's Day (4 December) - the day on which it is believed to have been discovered.

Fig 16.1 Nembutal women's magazine advertisment from 1950's

Video: *A Short History of Nembutal*

Video: *What Everyone Should Know about Sleeping Tablets*

Other historians have speculated that the discovery may have been named after the chemist's favourite barmaid, Barbara. Either way, the name stuck and barbituric acid has enjoyed an infamous history ever since (Mendelson, 1980). Barbituric acid was found to have no physiological effect and it took another 40 years before chemists, Emil Fischer and Joseph von Mering, discovered that the introduction of two additional side-arms onto the molecule produced a range of compounds with marked physiological activity. It was only then that it became known that the nature of the sedative, hypnotic, or anaesthetic properties of the substance were determined by the characteristics of the side-arms attached.

The first of these di-substituted barbiturates was Veronal. Here two ethyl side-arms were added to produce diethyl-barbituric acid a weak hypnotic/ depressant which was marketed by the Bayer company as 'Veronal' in 1904. This was followed by phenobarbital (Luminal) in 1913. While barbituric acid is a German discovery, during the First World War when German shipping was blockaded, American chemists made use of the 'Trading with the Enemy Act,' to copy the work of the Germans and manufacture their own modifications of barbituric acid.

Barbiturate Sleeping Pills

In the first half of the 20th Century, barbiturates were manufactured around the world, with production peaking in the 1950s. By then there were more than 20 marketed forms of barbiturates, with most sold as sleeping tablets.

Fig 16.2: Pentobarbital (Nembutal) sleeping tablets

Along with the original Veronal, there was Barbital, Amytal, Seconal, Soneryl, Nembutal and several others.

Fig 16.3: Amylobarbital (Amytal) sleeping tablets

While these barbiturates were highly effective sleeping tablets, a significant problem was the very serious side-effect associated with their overdose - death. This was found to be especially true if the pills were taken with alcohol. Many famous people have died - some deliberately, some inadvertently - from an overdose of barbiturates. Marilyn Monroe, Judy Garland and Jimmy Hendrix are a few.

Barbiturates as Drugs of Abuse

In the 1960s, the image of barbiturates suffered further when they were found to be useful mood-altering drugs. At this time, the depressant effect of the drugs was exploited. By carefully adjusting the dose, a desirable soporific and tranquil state could be achieved and they became known as 'downers.' As downers, barbiturates would often be intermixed with 'uppers' - drugs like amphetamines. This type of usage led to a set of slang street terms for these drugs such as 'Pink Ladies', 'Yellow Bullets', 'Peanuts' and 'Dolls' (from Barbie dolls) (Mendelson, 1980).

With only a small margin of safety in dose between the desired sleep, euphoria and death, there was considerable danger associated with the prescription of these drugs. History shows they fell out of favour with the medical profession once newer, safer sleeping tablets became available.

The Advent of Non-barbiturate Sleeping Pills

The first of the new class of sleeping drugs (the benzodiazepines) was diazepam (Valium), which became available in the early 1960s. These drugs were welcomed by the medical profession as a safe alternative to the barbiturate sleeping tablets. At this time there were many prescribed forms of barbiturates on the market but with the introduction of these new benzodiazepines, the use of the barbiturates steadily declined.

By the mid 1990s, there was only a handful of barbiturate sleeping tablets left; amylobarbital (Amytal) and pentobarbital (Nembutal). Nembutal was withdrawn with little notice in 1998 with Amytal following suit in 2003. Today, the only barbiturate commonly prescribed by doctors is the slow-acting Phenobarbital. This drug still finds a niche in medicine as an anti-convulsant, but is a poor substitute to the specific barbiturate sleeping tablets in providing a reliable, peaceful death.

Barbiturate Use in Veterinary Practice

The veterinary use of the barbiturates has persisted. Nembutal, in particular, is used as an agent for euthanasia. A large dose delivered intravenously, quickly and peacefully ends an animal's life. This green-dyed form of the drug, known as Lethabarb or Valabarb, is also known as 'the green dream.'

A sterile form of Nembutal has also persisted as a useful complete anaesthetic agent that can quickly render an animal unconscious for surgery. Pentobarbital continues to play a role in veterinary practice to this day even though its use by the medical profession has all but disappeared. A development that has led to a resurrection of these outdated drugs is their increasing use as the drugs of choice for voluntary euthanasia (and state-sanctioned executions in some states of the US).

Nembutal in Countries where Assisted Dying is Legal

Nembutal is the drug of choice in countries where VE and Assisted Suicide are legal and is used in The Netherlands, Belgium, Switzerland and the various US states.

Fig 16.4: The 'Deliverance' euthanasia machine

When the *Rights of the Terminally Ill Act* was passed in the Northern Territory, I had the challenge of deciding which drug or substance would produce the most humane, peaceful reliable death.

After much research and consultation - a process that even saw us seeking information about the drugs used for execution in the US - a decision was made to sanction the use of a large intravenous or oral dose of Nembutal.

The four people who died using the *ROTI Act* all injected themselves with Nembutal (with the help of the Deliverance Machine, now on display in the British Science Museum).
See: *http://en.wikipedia.org/wiki/File:Euthanasia_machine_(Australia).JPG*

While these people could also have simply drunk the liquid Nembutal, each preferred intravenous administration. When delivered in this way, loss of consciousness is almost immediate (seconds), with death following a short time later.

Drinking Nembutal is often the preferred option and means no other person need be involved in administration. For example, in the state of Oregon in the US, a doctor is only allowed to *prescribe* as opposed to *administer* a 10 gm oral dose of barbiturates to a patient. The patient must drink the drug themselves. In Switzerland, too, it is the client who must administer the drug him/her self. In Holland and Belgium, it is lawful to provide barbiturates as an injection to a dying patient. The drug used in each these places is Nembutal.

Fig 16.5:
Sterile veterinary
Nembutal

How Barbiturates Work

Barbiturates effect the action of the brain chemical GABA in that they enhance the effect of GABA on the brain, and may even act in its place. GABA slows the activity of the brain. Enhancing its action causes sedation and sleep. In larger doses, the barbiturate may even replace the GABA in the brain. An overdose of a barbiturate can depress brain function so severely that respiration ceases and the person dies.

As discussed above, the depressant effect of barbiturates can be useful in counteracting the irritability and paranoia that can result from the use of amphetamines. Barbiturates have also been reported to be effective in alleviating the symptoms of heroin withdrawal. In the 1960s, injecting drug users were reported to have substituted barbiturates for opiates like heroin and methadone if such drugs were not available.

Available Forms of Nembutal

For human use, Nembutal was extensively marketed as sleeping tablets or capsules in the 1950s & 1960s. Even though Nembutal disappeared off the market over a decade ago, many people have old stocks which are still potent. One hundred of these capsules (100 x 100mg = 10gm of barbiturate) is a lethal dose.

Barbiturates are also well absorbed rectally and some countries have marketed forms of suppositories. 'Nova Rectal' in Canada is one such example. Sterile ampoules of injectable Nembutal for intramuscular and intravenous administration as a hypnotic, anti-convulsant and pre-operative sedative still find a small place in medicine in some countries including the US.

The veterinary forms of the drug are also still used in either the sterile injectable form for anaesthesia, or a non-sterile form (Valabarb or Lethabarb) for animal euthanasia.

Non-sterile coloured veterinary Nembutal (Lethabarb)

The sterile form of this veterinary barbiturate is marketed in small, sealed 100ml bottles that are protected with a metal seal. This metal cap makes tampering obvious. The Nembutal inside is a clear liquid with concentration of 60 mg/ml. Each 100ml bottle has a total of 6 gm of Nembutal - enough to provide a peaceful death.

Non-sterile Nembutal liquid ('Lethabarb') is used for animal euthanasia, is colour dyed for safety, and has a much higher concentration of barbiturate (300mg/ml). 30ml taken orally is lethal.

NOTE: Both these forms of the drug display labelling - '*For Animal Use ONLY*' and '*For Injection ONLY*'. But the Nembutal liquid is lethal when taken orally by humans.

Pentobarb & Phenobarb – Confusing Names

Nembutal is the commercial or trade name for the barbiturate whose chemical name is pentobarbital ('pent-o-barb-it-al'). This drug is different to another barbiturate called phenobarbital. Phenobarbital is a slow-acting drug, used predominantly as an anti-convulsant to stabilise people suffering from epilepsy.

While phenobarb can be lethal in overdose, it has a much slower action than Nembutal and is not an ideal method for self-deliverance. These two barbiturates should not be confused.

Sources of Nembutal

In most western countries there are now no medically prescribed barbiturate sleeping tablets. What remains in the public consciousness, however, is the belief that an overdose of sleeping tablets - any sleeping tablet – will cause death. This misconception leads to many failed suicide attempts as elderly or seriously ill people often stockpile, then take, large numbers of modern, non-lethal sleeping tablets.

Let us be clear. There is *no point* in asking your doctor for sleeping tablets if you plan to end your life. Tablets obtained this way *will not* be barbiturates and the drugs obtained will be unlikely, even in significant overdose, to cause death.

The commonest source of life-ending barbiturates in most western countries is the veterinary profession, and even this supply is likely to diminish in time. There is no legitimate or plausible reason for a vet to provide this drug to any member of the public. You can hardly tell your vet that you're planning to operate on the cat this weekend!

Nembutal and Veterinarians

Veterinary Nembutal has been used by vets to euthanase animals or as an anaesthetic in surgery for many decades. Before 1998, when Nembutal was still being prescribed by doctors, it may just have been possible to argue that your insomnia was so

Fig 16.7: Non-sterile veterinary

bad that only the rare and dangerous Nembutal could help you get a good night's sleep. But there is simply no excuse one can give a vet to obtain this drug!

If a vet were ever to provide Nembutal - knowing what the person has in mind - they could face a charge of assisting a suicide. De-registration and a prison term would be the likely consequence. In 2001 the Australian Veterinary Board became concerned about the increasing use of veterinary Nembutal as a human euthanasia option and put out a warning to its members urging caution in the storage and use of the drug. (see *Veterinary Surgeons Board, 2003*).

Exit knows of only a handful of cases where seriously ill people have been able to obtain Nembutal from their Vet. When there is public mention of this possibility, the Veterinary Associations have reacted quickly denying the practice.

Moves to further restrict the use of veterinary Nembutal has meant that the anaesthetic form of the drug (see Fig 16.5) is becoming more difficult to obtain. This is the form of the drug favoured by those wanting it for their own use, comforted by the fact that it comes in a clearly-labelled sterile sealed bottles.

The non-sterile green dyed form is more concentrated than its clear counterpart. Marketed as Valabarb (Fig 16.7) or Lethabarb (Fig 16.6) the concentration of this type of pentobarbital is 300mg/ml (five times higher than in the sterile anaesthetic form). A single 30ml sample will contain 10gm of Nembutal and be lethal. This non-sterile green liquid needs to be decanted from

Veterinarians and Nembutal

Nembutal and the Black Market

a larger 500ml bottle. If drunk it can stain the lips and tongue. With such staining it is unlikely that an attending doctor will cite natural causes on the death certificate.

A Case Study in Nembutal

When asked about Nembutal at Exit workshops, I tell people that it can be very handy to know a vet. Some time ago, I was making a clinic visit to the bedside of Harry, a dying patient. With his wife at his side Harry asked me about 'the best drugs', the ones that would let him peacefully end his own life.

I explained that the 'best' drug was Nembutal, but that this was only available from a vet. 'How many vets do you know really well' I asked, 'ones that will risk jail helping you?' His silence answered my question, and we went on to talk about other more easily available, but less effective, drugs.

After the visit, I left the bedroom and had a cup of tea in the kitchen with Harry's wife, Esme. Tentatively she said, 'you know when you asked about knowing a vet?' I looked at her, confused. She went on 'well, I knew a vet, very well indeed.' I waited, not knowing what was to follow. She continued. 'In fact, some time back I had an affair with a vet. My husband knows nothing about it, and I want to keep it that way. But that vet owes me some bloody big favours and I'm going to call them in!'

A few weeks later, Harry died of his disease. I heard that Esme did indeed call in the favour, obtaining the 100ml bottle of liquid Nembutal. She told me that the bottle sat in the bedroom with Harry during his last weeks and that he drew immense comfort from knowing it was there. As he faced every new day, he was

reassured by the knowledge that if the day became too difficult, he could leave at any time. Indeed, the presence of the drug prolonged Harry's life.

The number of people who have a vet as their best friend, a friend prepared to risk jail for them is very small. There has only been a handful of occasions when I have seen help provided in this way, and Harry's was one of them. Perhaps the question put to patients should be rephrased, perhaps I should be asking 'have you ever had an affair with a vet?' When I told this story at a recent public meeting, one elderly woman shouted back 'I wish you'd told me that 40 years ago.'

Nembutal and the Black Market

Exit receives occasional reports of people paying a very high price on the black market for Nembutal. Desperate for the drug, some have paid over $5000 for a single 100ml bottle of veterinary Nembutal. This same bottle would retail to a vet for less than $50. Despite the huge potential profit to a dealer, Nembutal is rarely found this way. The usual laws of supply and demand that govern the illegal drug trade do not apply, as no one will ever want more than one bottle of this drug. Supply chains do not therefore develop.

The Nembutal that does find its way on to the street is usually in the form of the sterile veterinary liquid. It is presumed that it is obtained when veterinary clinics are broken into by people looking for tradeable veterinary steroids.

If the seal and labelling of a Nembutal bottle is intact and the expiry date not exceeded, the drug is likely to be effective.

Nevertheless, one is advised to test the substance if planning to use such sources. The Exit barbiturate test kit is available at: *http://www.exitinternationalstore.com*

The Exit Test Kit enables people who have acquired liquid Nembutal to self-test the drug.

Note: The 'Exit Spot Test Kit' provides qualitative evidence of the presence of the drug. The Max Bromson Quantitative Test Kit provides a test for purity (eg. drug concentration and strength).

The Shelf Life of Liquid Nembutal

Event though most liquid Nembutal will have an expiry date of around two years, this is one substance that is known to remain effective for much longer. If stored in a cool place and kept in its sterile, sealed bottle, liquid Nembutal can be expected to have a shelf-life of many years.

A detailed discussion of the shelf life of both liquid and powdered Nembutal can be found in the following Chapters.

Nembutal - Summary

The barbiturate pentobarbital (Nembutal) is the best euthanasia drug and comes closest to the concept of the Peaceful Pill. In countries and states where it is lawful to help someone to die and any drug or substance could be used, the choice is always Nembutal.

Yet Nembutal is a hard drug to obtain with doctors in most western countries no longer able/ willing to prescribe the drug. Nembutal's restricted use by vets makes it increasingly difficult to access.

However, Nembutal can be obtained from overseas, in South America, SE Asia, and in powdered form from China. The next chapter gives a detailed outline of where to go and how to buy Nembutal. This information changes frequently and is regularly updated for *The Peaceful Pill eHandbook*.

Legal comment

In Australia, Pentobarbital (Nembutal) is a border-controlled drug. When imported in a quantity less than 50 grams the maximum penalty is up to 10 years imprisonment and/ or a fine of $360,000. These penalties can increase right up to life imprisonment and/ or $1,350,000 for higher commercial quantities. In reality, those who have imported this drug into Australia for possible personal use, for example, have received a fine of a few hundred dollars and no criminal conviction.

In the UK, pentobarbital is a Class B drug. Unlawful importation brings a maximum penalty of 14 years and an unlimited fine limit.

In the US, Pentobarbital is a Schedule II controlled substance for which the maximum penalties are up to 20 years imprisonment and a one million dollar fine.

The RP Test for Nembutal

Nembutal is the 'gold standard' of the euthanasia drugs, a reputation derived from the peaceful and reliable death this drug provides. The drug can be difficult to access, and loses some points because of this, but with an overall rating on 88% it is easily the best end of life option available.

Exit RP Test - Nembutal

Criteria	Score
Reliability	***10/10***
Peacefulness	***10/10***
Availability	***2/5***
Preparation	***5/5***
Undetectability	***4/5***
Speed	***4/5***
Safety	***5/5***
Storage	***4/5***
Total Score	***44 (88%)***

Availability of Nembutal

Introduction

For many years now, Nembutal has been available in a small number of places. In most western countries, however, the drug remains heavily restricted with anyone importing or even possessing the drug almost certainly *breaking the law*.

Where and how one can obtain Nembutal is a moveable feast. In recent years, solid sources of supply have emerged in countries as diverse as Peru and China. This information continues to change constantly.

In this Chapter the following issues are covered:

- Types of Nembutal
- Drug Labelling
- Legal Considerations
- Nembutal Over the Internet
- Nembutal Importation & the Law
- Nembutal Purchasing in Person

Since this *Handbook* was first published in 2006, Exit has reported feedback from readers around the world who have purchased Nembutal. This reader feedback continues to be collated and published as updates to *The Peaceful Pill eHandbook*. This forms a type of 'Neighbourhood Watch'. The availability of Nembutal *can and does change without warning*. Old stores close and new stores open. Websites appear and disappear, seemingly overnight. Scammers operate in a relentless manner.

Historically, Mexico has been the country where Nembutal is most easily available for over-the-counter sale. However, reader feedback on this varies greatly. As well-known expats Carol Schmidt, Norma Hair and Rolly Brook say of Mexico:

> *what is true today may not be true tomorrow, or true to the border agent in the next lane, or even to the same agent before and after lunch ... the authors can provide no guarantees that what we publish today won't change tomorrow ...*

Another US tourist to Mexico was more specific.

> *Mexican border towns are depressed and scruffy-looking and it is almost always possible to get just about anything you want. This is all the more so given the currently depressed economy -- and this is important to remember. No matter what the government may do, it will always be possible to get Nembutal here unless its manufacture gets prohibited. <u>How</u> to get it is the challenge!*

In addition to countries such as Mexico, Peru or Thailand where Nembutal has been available over-the-counter, the Internet provides an additional source. Although this brings with it a new set of dangers of which readers ought to be aware.

Types of Nembutal

Nembutal (Pentobarbital Sodium) can be purchased over-the-counter and online as a liquid solution and sometimes as a powder. The powder is a white crystalline salt. Only rarely is the drug available as tablets or capsules for human use as a sleeping agent.

Liquid Nembutal is a veterinary product that is used for animal anaesthesia or euthanasia. The anaesthetic form comes packaged as a sterile clear liquid in either 50ml or 100ml bottles and has a concentration of 65mg/ml (ie a 50ml/100ml bottle contains 3.25 gm/6.5gm of Nembutal).

A second (euthanasia) form of liquid is also available. At 200mg/ml, a standard 100ml bottle contains 20gm of the drug. A single 100ml bottle of 'Dolethal' would contain enough Nembutal to reliably end the lives of two people. This form of the liquid Nembutal is dyed pink for safety.

Drug Labelling

Purchase of the anaesthetic veterinary form of the drug, over-the-counter, has long been possible in Mexico and a number of South American countries Details are provided later in this Chapter. Note, however, that if you are planning a trip to make such a purchase it may be wise to acquaint yourself with the drug labelling in the country you plan to visit. The photographs included in this chapter can be printed and used for this purpose.

The retail brand names for Nembutal vary depending upon the country. Liquid Nembutal (Pentobarbital Sodium) is sold

in Mexico as: *Anestesal, Pisabental, Barbithal, Sedalpharma, Sedalforte, Pentovet, Pentomax and Dolethal*. In Peru and Bolivia, veterinary Nembutal is sold as *Halatal* or *Penta-Hypnol*.

Nembutal & the Law

If a reader elects to purchase Nembutal overseas they should be aware that importation of the drug back to their country of origin is likely to be *against the law*. If you take this course of action you will, ***almost certainly***, be breaking the law.

The legal penalties for the importation of Nembutal vary depending on the country. The penalty for the importation of a single bottle of Nembutal could be a fine, a conviction or even a period of imprisonment. If larger quantities are imported, the person could find themselves facing a trial with a jury.

The way in which the importation of a border-controlled substance such as Nembutal is dealt with by the authorities will depend on the amount and purity of the substance imported. (ie. is it enough to constitute a 'traffick-able' or 'commercial' quantity)?

In some countries, a 'traffick-able' quantity' of Nembutal (ie. the amount which makes the importation a serious offence) might be 200gm, in other countries it might be 500gm. A person who imports a single bottle of Nembutal may find themselves facing a fine. Admitting that you are importing the drug for another person (eg. trafficking) is one sure way to turn what some might call a 'minor importation offence' into a significant crime. Extreme caution is advised.

Video: ***Laredo, Mexico***

Availability of Nembutal

Mexican veterinary sterile
Nembutal: Anestesal

Mexican veterinary sterile
Nembutal: Sedal-Vet

Mexican veterinary sterile Nembutal: Pentobarbital Injectible

Mexican veterinary sterile Nembutal: Sedalphorte

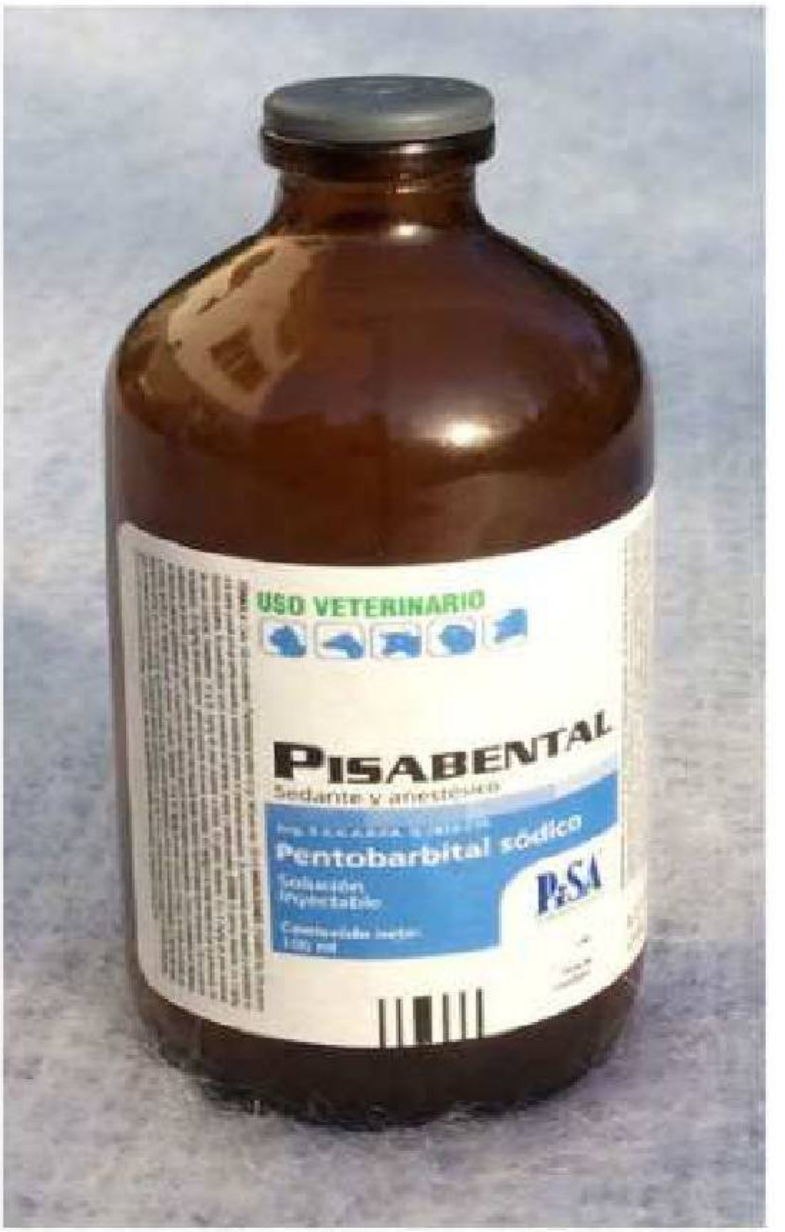
Mexican veterinary sterile Nembutal: Barbithal

Mexican veterinary sterile Nembutal: Sedalpharma

Mexican veterinary sterile Nembutal: Pentovet NRV*

Mexican veterinary sterile Nembutal: Sedalpharma

Mexican veterinary sterile Nembutal: Pentomax



Mexican veterinary sterile Nembutal: Pisabental

Mexican veterinary sterile Nembutal: Dolethal

Video: *Buying Nembutal in Mexico*

Availability of Nembutal

Australian Government
Australian Customs and
Border Protection Service

IMPORTING BARBITURATES
PENTOBARBITAL /NEMBUTAL

WHAT IS IT?

Pentobarbital is a short acting barbiturate which is commonly sold under several names including Nembutal and Sodium Pentobarbital has been used both in animals and humans as a sedative, hypnotic, anticonvulsant and anaesthetic drug. These drugs are available in both liquid and tablet form.

Recent media reports have stated that people have sought to illegally import barbitutes to assist in suicide. Some euthanasia groups have also advocated purchasing the drug overseas and encouraged travellers to conceal it from Customs and Border Protection on their return home. Be aware that importing barbiturates without a permission is a serious offence and offenders will be referred to the Australian Federal Police.

WHAT ARE THE RESTRICTIONS?

Barbiturates are listed as a prohibited import under Item 4A, Schedule 4 Regulation 5 of the Customs (Prohibited Imports) Regulations 1956. Barbiturates are a group of medicines with many legitimate medical uses and there is a permission regime in place to allow for legitimate importations. Commercial importers need to be licensed and have written permission to import into Australia. Permits are issued to commercial importers through the Office of Chemical Safety and Environmental Health (OCSEH), within the Department of Health and Ageing.

Incoming passengers into Australia on a ship or aircraft carrying barbiturates for the purpose of treating a medical condition or treating a passenger who is in their care are able to carry a three month supply of medication, provided that the passenger has a prescription or a letter from their medical practitioner. Australian residents must carry a prescription from an Australian registered medical practitioner.

WHY ARE THESE RESTRICTIONS IN PLACE?

Barbiturates are classed as a Prescription Only Medication under the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) and can only be used or supplied on the order of persons permitted by State or Territory legislation (medical practitioners to prescribe and should be made available to patients on prescription only. **Use of Pentobarbital without medical supervision can potentially be dangerous to health, even in poisonous.**

HOW IS PERMISSION SOUGHT?

Licenses and permits are not granted to individuals for the purpose of obtaining medications for personal use, or to assist with suicide. If you are an individual wanting to access medications that are prohibited on import, you should consult your doctor. If you have a legitimate need for Nembutal, your doctor may be able to apply through the Special Access Scheme (SAS) administered by the Therapeutic Goods Administration (TGA). Once approval is granted by the TGA, the applicant (medical practitioner) will require a permit from OCSEH for clearance on importation.

PENALTIES

Barbiturates are listed as a border controlled drug under the Criminal Code. Illicit and illegal importation may attract criminal sanctions. Penalties range from imprisonment and/or fines up to $10,000.

Australian Government publication March 2011

Historically, drugs such as barbiturates have been of secondary concern to authorities who seem far more interested in illegal recreational drugs (such as cocaine). It is the supply and distribution of these other drugs, rather than barbiturates, which is linked with international organised crime syndicates. The barbiturates have largely lost their appeal as drugs of addiction/ abuse and feature little in black market trade. After all, one person will only ever need 10gm of Nembutal.

Exit has put considerable effort into ensuring that readers of *The Peaceful Pill eHandbook* have all the information necessary to make their owned informed choices. The authors make it clear that in providing this information they are not encouraging the reader to break the law of their, or any other, country.

What happens to those charged with importing Nembutal?

To date, Exit knows of relatively few people to be charged with importation offences. There have been three Australians and one British citizen. The first person, Ann, a middle-aged Melbourne woman with breast cancer, was charged in early 2009 with importing two bottles of Nembutal. Her consignment was intercepted by Australian Customs and referred to the Australian Federal Police (AFP).

At her court hearing the following year, Ann pleaded guilty to the importation offence. The court subsequently issued her with a fine of AUD$500, a 12-month good behaviour bond and ordered her to pay AUD$1000 to the court fund. No conviction was recorded.

See: *http://bit.ly/bECnzG*

A second person, a Queensland woman called 'Lynn', was charged in May 2014. Lynn pleaded guilty at first instance. She received a two-year good behaviour bond, 12-month probation and no conviction.

See: *http://bit.ly/1r9q78v*

The third person was a man in his 60s called 'Rupert' who lives in the small Western Australian town of Albany. In August 2014, Rupert pleaded guilty to possessing 12 gms of Nembutal powder. He was fined AUD$1400 and had no conviction recorded.

See: *http://ab.co/1wMPY6L*

In April 2016 a UK person was charged in relation to possessing or importing Nembutal. But to be clear to determine the legalities on the importation and/ or possession of Nembutal in your particular country, you are best to consult a local solicitor or attorney.

Nembutal Over the Internet

Exit receives frequent reports of people purchasing Nembutal over the Internet. It would appear that those who sell Nembutal online have recognised this increasing desire among ageing populations throughout developed western societies to have an 'insurance policy for the future in the cupboard, just in case'. The online Nembutal market, however, continues to be subject to constant change: both in the nature and form of the Nembutal on offer and the sources from which it can be obtained, hence the need for frequent updates.

Nembutal Scamming Online

Along with the seeming growth of the online marketplace there has been a concomitant explosion in the number of fake Internet sites which seek to cheat and exploit those wanting to buy the drug. One example of this is the registration of the website *www.peacefullpill.com*. This scam website imitates our own website *www.peacefulpill.com*. Note the spelling error in the word 'peaceful' in the fake.

A second *modus operandi* of scammers is to make subtle changes to this book's contents. The scammers do this via pirated online copies (which can be found as downloadable PDF files). These pirated editions of the *PPeH* contain fake information about fake drug sites. (The following Chapter deals in detail with the plethora of problems when it comes to fake and scam websites.) *Caveat Emptor* indeed!

Need To Know Points

Given the often dubious nature of so much on the Internet, the following points require emphasis:

- Neither Exit nor the authors have any relationship with Internet sources of Nembutal.
- Exit does not endorse or otherwise suppliers listed in this book.
- If a reader elects to use the information published in this book, they do so entirely at their own legal risk.
- Exit cautions that legal advice should be sought before using the Internet to obtain Nembutal.
- Exit seeks only to publish publicly-available, reader-verified information.

Publication Policy

Exit's Nembutal publication policy is to review the reports that are received from readers who have purchased (or attempted to purchase) the drug online. We particularly question, the failures as there are many reasons why a person may not get the product they thought they were ordering.

Failure may mean that the source is fulfilling only some orders or it could mean that an order has been intercepted and seized by the authorities. Often, a purchaser may not know that interception and confiscation has occurred. Regardless of the reason for non-delivery, it is invariably the supplier who is blamed, often with the allegation that they are a scammer.

When the number and quality of positive reports received exceeds the reports of non-receipt, Exit will publish the details. Be aware, however, that this information can change quickly.

Source 1

'AV' Alejendro Vasquez is a supplier who sells the Nembutal brand 'Dolethal' (100ml@200mg.ml) and/or 'Pisabental' (100ml@65mg/ml) from Mexico. The preferred encrypted contact email address is:

<alejendrovasquez@ctemplar.com>

CTemplar.com is a free encrypted email service provider

The reported cost is US$650 for one bottle (US$850 for two) depending on country. Payment is via Monero/ XMR, Bitcoin or Western Union. Purchasers report that they are given priority when either members of Exit or have a Peaceful Pill *e*Handbook subscription (presumably because these criteria show the person's identity had been vetted for age).

Note A: The person identified as 'AV 'is reported as a reliable source of anaesthetic veterinary Nembutal, 'Pisabental'. In May 2020 AV's Protonmail email address was believed compromised and changed to Tutanota (also encrypted). In October 2020 security was further updated and the Tutanota encrypted address replaced by the CTemplar address (above)

Note B: This source has been subject to a large number of sophisticated scams, based largely on the registration of *almost identical* email addresses, eg with the 'z' and "s' in A's email address interchanged in both Tutanota and CTemplar.

Take care that you <u>use the EXACT email address</u>.

Note C: In recent years, many people who have acquired Pisabental from AV have also been the subject of police raids and 'wellness checks' (carried out by local authorities in one's home country). The local Police always say that they are acting on the basis of information from Homeland Security in the US.

Source 2

This supplier is identified as 'B' and supplies both Dolethal (100ml@200mg/ml) or Pisabental (100ml@65mg/ml).
Contact has recently (Nov20) changed to CTemplar, although Protonmail still functions.

<mxnembutalsupply@ctemplar.com> or
<mxnembutalsupply@protonmail.com>

The reported cost for x1 Dolethal is US$750 (US$900 to Europe) or x1 Pisabental, US$450 (US$800 to Europe)
Payment by Monero (XMR)

Internet Sources - Powder Nembutal

For many years, Nembutal powder was sold online from China as reagent grade 'Sodium Pentobarbital', CAS No. 57-33-0. The powder was usually sold flat-packed or in small, plastic screw-top containers. The last 'reliable' supplier 'Johnson' disappeared in 2017.

New sources of powdered Nembutal have recently been identified on the 'Dark Web'. By way of background, Wikipedia defines the Dark Web as a section of the Internet that requires 'specific software, such as a Tor browser, configurations and authorizations to access. Dark Web marketplaces - such as WHM (White House Market) offer protection to the byer with escrow payment, the use of Monero cryptocurrency and PGP signature encryption.

Cindicator

From March to September 2020, Cindicator operated in the White House Market on the dark web. Their WHM record reveals they had between 50 and 60 sales and were involved in 18 disputes (of which all were lost). They also received 28 positive reviews with an overall customer rating of 92.8%. Their current market status is 'banned'.

After the banning Cindicator sold 25gm packs of sodium pentobarbital powder from their own dark web site. The reported cost was US$760. Bitcoin or Monero/ XMR was accepted as payment.

Tor access is at:
cindic2isq5nv257zfkkzqfaqj3vn5bmv5soajk5jgyi4hxnhnhn5id.onion

As of November 2020, Cindicator's page stated 'product temporarily unavailable'.

Nembutal powder listing fron Cindicator's private site on the Dark Web

Nembutal Importation & the Law - Know Your Rights

In most countries it is illegal to import, manufacture or possess Nembutal, regardless of the individual's state of health. If you elect to buy Nembutal in a country where possession is not controlled, there is no problem. However, the moment you elect to bring your 'insurance policy for the future' back to your home country, you will - almost certainly - be breaking the law.

Whether you import your Nembutal by the regular mail service, or on your person, the law does not differentiate. Activities by Interpol in recent years in Europe, Australia, the US and Canada suggest that the trade in Nembutal is under stricter and stricter surveillance.

Police Raids

In October 2019, the international media reported that 300 French Police officers conducted searches at over 103 different locations across 18 regions of France. These dawn raids of elderly people's homes resulted in the seizure of 130 bottles of Nembutal. In November 2019, similar raids were carried out in Spain, with more than 10 people visited by Spanish police. The French authorities said they were acting on information from the United States.

See: *http://bit.ly/2MTpDky* (*Le Monde*)
& *http://bit.ly/2Rwkm4z* (*El Pais*)

A container of Nembutal powder from China

Flat-packed sodium pentobarbital powder from China

Police Welfare Checks

In the same year, raids also took place in several other countries. A number of Exit members were among those to have received visits. Under the guise of 'welfare checks', the *modus operandi* is as follows. The Police show up unannounced, invite themselves in and then question the person about alleged or real attempts to import Nembutal. The Police suggest that the person has recently made a purchase of Nembutal and then request that the person hands over the drugs. If this order is complied with, there is usually no further action. However, on more than one occasion it has been suggested that the person 'talk to their doctor' about their mental health issues.

Note: Generally speaking, one does not have to speak to the Police, other than to provide one's name and address. Most countries have a right to silence. Legal advice should be sought *before* any police interview is agreed to. In general, you also do not have to allow the Police entry to your home unless they have a warrant. In the Nembutal 'wellness check' raids, warrants are rarely, if ever, produced. Remember, there is no such thing as an informal or 'off-the-record' friendly chat with the police, no matter where you live.

Relatively few people are known to have been prosecuted as a result of their illegal importation of Nembutal. One explanation for the dearth of criminal charges is that the work required for a successful prosecution possibly exceeds societal benefit. Prosecuting an elderly, hitherto law-abiding citizen for trying to import a small quantity of Nembutal for their own (possible) future consumption, would attract considerable public interest. Legal action would only draw attention to the failure of the political process in addressing end of life needs of the elderly and seriously ill. That said, acquiring Nembutal over the Internet is illegal and this cannot be stressed enough.

Purchasing Nembutal in Person: Mexico

Over recent years, Exit Members and *eHandbook* Readers have visited (and reported back from) many Mexican cities regarding the availability of over-the-counter Nembutal.

The following section is based on feedback material from travellers in Central and South America from 2010 to the present.

Mazatlan

In 2011, Exit received its first report of the availability of Nembutal in the beach side resort of Mazatlan in the state of Sinaloa across from the Baja California peninsula. After unsuccessful attempts to purchase Nembutal in Tijuana the year before, an Exit member who we shall call 'Bob' took a vacation at Mazatlan.

He reported his purchase as straight forward. The price was excellent at US$30 for a 100ml, sealed bottle with an expiry date of July 2013. The outlet where the purchase was made was the hole-in-the-wall El Arca de Noe (Noah's Ark) pharmacy located at:

Ejercito Mexicano No. 5
(near Playa Norte) area of Mazatlan

Bob says that he used the photos in the *Handbook* to explain to the sales attendant the precise drug he was after. The retail brand he purchased on this occasion was 'Sedalpharma'.

Video: ***Crossing the US Border***

Video: ***Disguising a Bottle of Nembutal?***

Playa del Carmen

In 2010, Exit received its first report of the availability of Nembutal in the tourist resort town of Playa del Carmen. Sandy wrote:

> *On my recent trip to Playa del Carmen we visited 5 or 6 shops and were always turned away; I was about to give up when the driver said he knew of one other place. I don't remember the name of the pet store but it was on the outskirts of town. It was just a hole in the wall.*
>
> *I told the owner I had a large dog with Displazia and he was sympathetic and produced a 100 ml bottle of Barbital which I purchased for about US$40.*
>
> *I already have a test kit from Exit International which I will use when the time comes. The bottle, though, is sealed correctly, fresh from the factory. I will keep it in a cool, dry place until needed - if it is needed.*
>
> *I cannot thank you enough for all of your help and your book. I am 83 years old and I live now with a great sense of relief.*

By December 2015, another traveller, Ted, had a more unproductive time in this tourist town.

> *I went to Playa Del Carmen - didn't go to the vets but to the drug dealers on the tourist street - they rejected me too, one guy tried to make me pay in advance and scam me. They were not aware of this drug and only interested in selling coco/ weed/prostitutes, i.e. fun.*

Playa Norte in Mazatlan, Mexico

Puerto Vallarta

Readers have generally reported that Nembutal is not available over-the-counter in the tourist hotspot of Puerto Vallarta. That said it may be available on prescription from some of the larger animal farmacias, such as the Clinica y Farmacia Veterinaria 'Animal Central' at Av. Los Tules No. 196, Col. Jardines de Vallarta.

Valladolid

Nembutal has been consistently reported as available in Valladolid, a small city in Yucatán, about 2 hours drive from Cancun. Best known for its colonial architecture, especially its cathedral, the town is also used as a touring base for visiting the nearby Maya ruins.

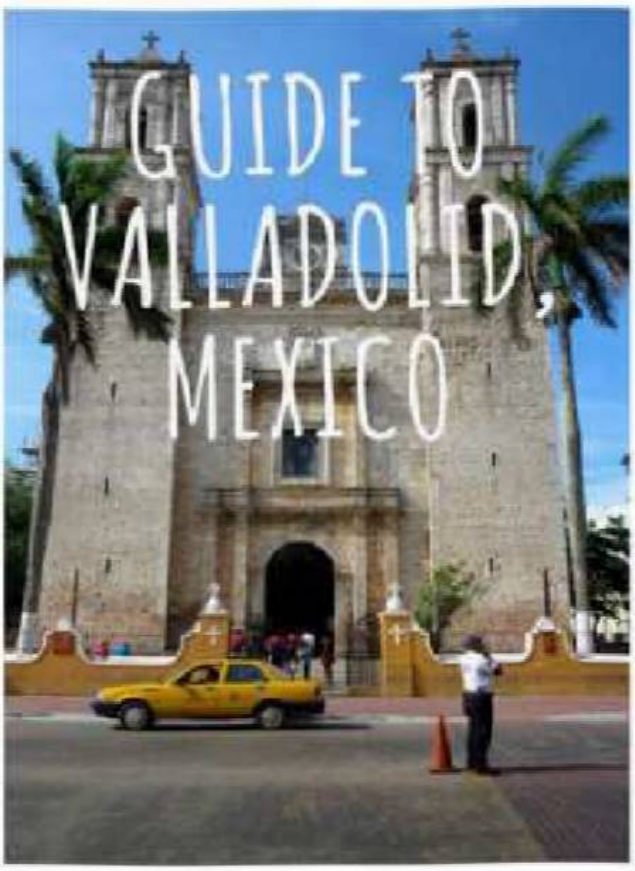
Nembutal was first reported as being available over-the-counter (and with no prescription) in Valladolid in 2010 when the cost of two bottles of Nembutal was 180 pesos each. In 2012 the price had risen to 600 pesos for two.

Video: ***Up Close: A Bottle of Anestesal (Nembutal)***

Video: ***The dangers of bringing Nembutal home***

There are two stores that reportedly sell Nembutal. These are Los Potrillos (Calle 41 177-I, Col Valladolid, Centro, Yucatan) and El Esfuerzo (which is diagonally opposite). The prices ranges from 450-600 pesos (USD23). The brand is Pisabental.

In late 2019, however, Exit received a report that neither of these pharmacies were willing to sell Pisabental. Both appeared disappointed at this development and the message was the same. The authorities were cracking down on the sale of the drug. This means that while in the past a trip to Valladolid was a sure thing, this may not now be the case.



Farmacia Veterinaria Los Potrillos

Farmacia Veterinaria El Esfuerzo

Tijuana

Exit continues to receive mixed reports about the availability of Nembutal over-the-counter in Tijuana. Some folk report buying it with a USD$100 bribe. Others say they are turned away at multiple veterinary pharmacies. As a source of Nembutal Tijuana is problematic. For this reason it is not currently considered a wise destination of travel.

Background to Tijuana

Over recent decades, Tijuana has oscillated between a bustling and relatively safe tourist destination and a town wracked by drug war violence, with a frightenly visible presence. While a trip to Tijuana may or may not be dangerous (who can tell), caution is always advised.

Another factor about Tijuana which has changed alongside the illegal drug trade in narcotics and crystal meth is the number of farmacia veterinarias. Whereas in the early 2000s there was a store on every other corner, they are now relatively few and far between.

That said, one store that has been a consistent seller of Nembutal is in the small street of Del Travieso between Av Constitucion and Revolucion, Benito Juarez Segunda and Carillo Puerto (see the map following). In 2015, a bottle of Pentobarbital at this veterinaria cost ~US$125; a considerable mark-up from the $45 it sold for in 2004.

Farmacia Veterinaria on El Travieso, Zona Centro Tijuana

Map featuring Farmacia Veterinaria on El Travieso

In December 2015, traveller Gary wrote:

> *I drove to Tijuana and found the Veterinary Farmacia identified in your literature on Del Travesio, between Revolution and Constitution. I walked in the veterinary farmacia and showed him the picture, from the Handbook, and he said 'yes' and showed me the box. I shopped for an hour and returned to pick up the Nembutal.*

In January 2016 Steve reported similar, but this time from a store alled 'Granero Los Alazanes'.

Exit can trace this store back to at least 2007 when it was first featured in this *Handbook*. Granero Los Alazanes is at: Calle Benito Juárez 2da 8557, Zona Centro, Tijuana.

Granero Los Alazanes Business Card

Availability of Nembutal

Granero Los Alazanes

Map featuring Granero Los Alazanes

Another vet farmacia that has sold Nembutal over-the-counter in the past is Farmacia Veterinaria 'Jael'. Exit first reported on this outlet in 2007.

This outlet is extremely close to the pedestrian footbridge into Tijuana.

Jael's street address is:
Ave Negrete # 727-4
Zona Centro Tijuana

Is a Prescription Necessary for Nembutal in Mexico?

For many years, the legal status of purchasing Nembutal over-the-counter has been unclear. In some cases and locations a prescription is needed, in others it is not.

For the above pharmacies, a prescription is likely to be needed. If you have not visited a veterinarian prior to purchasing your Nembutal, travellers report that a USD 100 bill (or more) is a good substitute. James has written that when he was asked for a prescription, he took out a $100 note and asked if this was sufficient. In his case the answer was 'yes'.

Legal Recap

While the legal status of purchasing Nembutal in Mexico remains unclear, the importation of Nembutal into most western countries is a criminal offence. Exit advises that travellers check the laws of their local jurisdiction before taking their Nembutal home.

armacia Veterinaria Jael

Map featuring Jael Farmacia

Vetson Clinic

ab Clinic

Centro Cambiario

Nogales

The Mexican border city of Nogales lies one hour's drive (70 miles) due south of Tucson, Arizona. While the route is not serviced by Greyhound, there is a plethora of private shuttle buses which ply the route. If you are driving, there is one principal crossing point which can be very busy.

For bus services see:
http://www.mexicandoctorsdir.com/sahuaro_shuttle.htm

Once in Nogales, there are three outlets that have been reported as selling Nembutal over-the -counter (as long as a prescription is provided - see previous discussion). These stores are some distance from the border so a cab is necessary.

They are: Clinica Veterinaria Vetson (Cnr Ingenieros, no 321, Nogales Centro, Tel 312 22 10), ab Medicina Veternaria (Calle Ana Gabriela Guevara, no 74, Nogales, Tel 631-304-3312) and Imelda Lopez (Centro Cambiario - ask for Jose - Tel 631-129-7556).

Mexico Conclusion

While in the past other border towns such as Nuevo Laredo and Juarez were reported as places where one could purchase Nembutal over-the-counter, it is many years since Exit has received reports that such activity is possible. For this reason, these towns are no longer included in this book.

Video: *Juarez, Mexico*

SOUTH AMERICA

Purchasing Nembutal in Person: Peru

Nembutal has long been available over-the-counter in Peru and Bolivia. Some positive accounts from Ecuador and Columbia have also been received, and these are under ongoing investigation.

In Peru, sodium pentobarbital is known by unique Peruvian names. The most common brand in this part of the world is 'Halatal'. A less common brand is called Pento-Hypnol. In Peru (unlike Mexico) Nembutal is sold in small 50ml bottles as opposed to 100ml bottles. However, the concentration is the same as that for the larger Mexican bottles. The concentration of both Halatal and Pento-Hypnol in Peru is 6.5gm per 100ml.

AgroSuni in Lima - Peru

Lima - Peru

As a sprawling capital city of 10 million, it is not surprising that Nembutal is available in Lima if one knows where to look. As in much of South America, it is the 'Agro Veterinarias' which sell Nembutal over-the-counter. These stores differ from Mexican Farmacia Veterinaria in that they also cater to the rural sector and farm animals, rather than just domestic pets. There is a cluster of such stores at the busy intersection of the 'Norte' (or northern) entrance to the 'Estadio Nacional' (national stadium), the home of the Peru national football team.

Zoo Farma Agro Veterinaria

Un-named Agro Veterinaria with red sign (to right of the larger Zoo Farma)

The intersection 'Santa Beatriz' in central Lima is a 20-30 minute cab-ride from the tourist area of the Miraflores, depending upon the traffic. (In Lima, taxis are cheap with the average rate per hour costing between 25 and 30 Peruvian soles. Hotels routinely organise cabs for guests which is one way of guaranteeing guest safety for the inexperienced traveller). While, in the past, the biggest of these stores - Zoo Farma - has sold Halatal freely over the counter, a prescription is now needed. This is also the case for the Agro Suni store. However, there are others who will sell it.

While the feedback below was first provided in 2015/16, it has been confirmed as accurate in 2020. The green and white building should be your first port of call.

I went to Lima a few days ago and stayed at Miraflores. The Estadio Nacional is a short 12 soles ride (local drivers will often try to scam foreigners into paying 20+ soles). Neither AgroSuni nor Zoofarma would sell me Nembutal. Both had Halatal on display, but their sellers refused to sell me without a prescription.

There is, however, a third Agroveterinaria there. It's a small place, without a name (or, at least, I could not find its name) a few meters to the right of AgroSuni (Zoofarma being a few meters to its left). (Ed's note - or around the corner from Zoo Farma)

First time I went there the seller just told me to come back the following day, after 14:00. I went there at 14:45 to find a sign stating the store was closed from 13:30 to 14:30. It opened at 15:00. After he saw me, the seller tried twice calling someone over the phone while dealing with the other customers (the place was full, with a bigger number of customers than AgroSuni), with no success.

After 30 minutes he finally reached the other guy and, within 15 minutes, I had 3 bottles of Halatal in my hand. I paid 162 soles in total. The seals were intact, and shelf life was [a year from the date of purchase].

This Agroveterinaria is a small place in the green and white building that also houses the "Asociacion de sub-oficiales tecnicos y especialistas de la policia nacional del peru".

One can barely see its corner through google street view, next to the orange house. It's quite ironic that a place that sells Nembutal freely shares the same building with police officials. The place sells all sorts of medicines, and, based on the many customers I saw while there, it's the go-to place to buy things without prescription. (In 2020 the cost was reported to be 140 soles.)

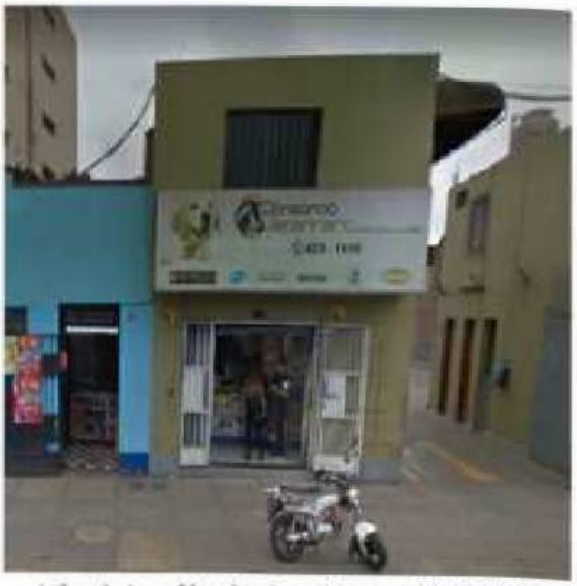
The Agro Veterinaria is in a store at street level in the building

Another traveller also wrote of the smaller third store:

I just returned from Lima Peru and managed to buy 3 bottles of pentobarbital sodium, 50ml/6.5gm produced by a company called Montana.

I bought it in Lima, as mentioned in the book near the Estadio Nacional, although not in the Zoofarma because they turned me down, saying they needed a prescription. But if you stand in front of the Zoofarma, facing it and walk to the left side, around 300 mtrs,you will find a very small veterinario which sold me happily 3 bottles exactly the same bottle as showed on page 275 in the book, total cost 105 soles plus 30 soles for the taxi.

I tried several big veterinarios, but they all turned me down, because they wanted a prescription for N, so probably only the small back street shops will sell it in Lima. Hope this is a useful update for the book.



A fourth Agro Veterinaria on the same block that is possibly worth a visit?

Cuzco - Peru

For many years Cuzco has largely been a reliable city for the purchase of Nembutal over-the-counter without a prescription. Despite some negative reports in early 2018, this situation is unchanged. Only an hour's flight from Lima, Cuzco is most well known as the jumping off point for visitors to the beautiful hidden Inca village of Machu Picchu. One of the advantages of purchasing Nembutal in Cuzco, is that there is an entire street of veterinary pharmacies selling the drug. If you are refused a sale at one store, there are plenty of others to choose from.

One of the many Agro Veterinarias in Calle Tres Cruces de Oro in Cuzco

The Veterinarias in Cuzco are all located in a street called 'Calle Tres Cruces de Oro' (the three golden crosses) which is close to the tourist area of the old colonial city. Depending on one's ability to deal with the 3500m altitude of Cuzco, it is possible to walk to these stores. In daylight hours, this area of Cuzco is relatively safe for tourists to stroll around. However, if you prefer to take a taxi, the hotel will call a trusted one for you. The cost for the cab is around 10 soles (~US$3) depending on the wait time needed while you do your shoppping.

In Calle Tres Cruces de Oror, bottles can be found on open display either on the shelf behind the counter, or often in a glass cabinet under the counter.

Stores which have sold Nembutal in Calle Tres Cruces de Oro in the past include:

- Casagroveto, El Progreso at No. 461
- Agroveterinaria Belen (Principal) at No. 496
- Progensa EIRL at No. 485
- Sucursal (Branch) at No: 421

As Sharon has written:

> *Hello , I would like to inform you that Penta- Hypnol bottles of 50ml containing 3.5g of Pentobarbital sodico can be easily found on Casagrovet El Progreso, Tres Cruces Calle de Oro 461, Cusco Peru. I could get 6 bottles at 16 soles each .*

As Tina from Canada has reported:

> *I have recently returned from a holiday in Cusco, Peru in South America. I write to tell you of my experience.*
>
> *I had copied all the details of how to obtain Nembutal. I had printed out the photos of packaging, and had gone on to the internet to find the locations that you had detailed. I was fully prepared to do all that was suggested by previous correspondents, including taxi details.*
>
> *What happened was unexpected. The hotel organised the taxi willingly, and the driver could not have been more helpful, even though I did not speak his language. He found the first location easily, dropped me off at the shop, and was willing to stay and pick me up to return to the hotel. He could not have been more helpful.*

On showing the shop assistant the picture of Halatal, I got a shake of the head. Not to be deterred, I walked to another shop listed and got the same response. This happened at all the several shops I found of that type. By now I was quite upset.

At that point, another shop owner was starting to open up and there was a lady outside who spoke a little English. She accompanied me inside where I showed the picture again and the owner went in to the back of the shop and came back with a 50ml bottle of Halatal. I asked for 2 bottles, and he shook his head.

The English speaking lady explained that this was his only bottle in stock, and he might be getting another delivery in 2 days' time.

Unfortunately, most of us tourists have a very limited time in Cusco – I was leaving that afternoon – and I had to leave with my task incomplete since my intention had been to buy 2 bottles.

Interestingly, not long after Jay (Toronto ON), told Exit:

Just thought I would take a moment to let you know that I was in Cusco this month & had no trouble whatsoever in purchasing 2 bottles of 50ml Halatal at one of the many veterinarian supply stores on Tres Cruces de Oro street.

The cost was approximately U.S $15 per bottle. Interestingly enough, as I had read in your book when I requested the Halatal they presented me with the Halatal KT.

I shook my head & said 'Halatal solamente porfavor!' and he just reached into another shelf & gave it to me.

This street is very easily accessible & totally safe. I walked there in less than 15 minutes from my hotel at around mid-day.

Brian from the UK has submitted a similar story:

I am in Cusco, Peru and at the veterinary stores (there are many of them) picked up the Nembutal (Halatal). I got with ease 3 x 50 ml for $20 and the assistants where real happy for the business.

Peruvian veterinary sterile Nembutal

Peruvian Halatal - old packaging

Peruvian Halatal - new packaging

WARNING: There are 2 brands of Halatal. There 'Halatal KT' which is 10% Ketamine and contains NO Nembutal. Halatal KT is useless as a reliable end of life drug. And then there is just plain 'Halatal' which does contain Nembutal.

Both drugs are available in 50ml bottles and appear to have similar labelling, but they are DIFFERENT!

Halatal tKT, 50ml of 10% Ketamine

Nembutal boxes on display under the counter

Dying in Lima

For those who do not like the idea of law-breaking by importing Nembutal back to their home country, there is always the option of dying in Peru. For Australian couple, Athol and Beverley Whiston, this was a viable plan.

Members of Exit International for many years the couple who were in their 80s wanted to go together. Just as they said they had had the 'perfect life' together, so they wanted their death to be likewise. To this end, they spent several years travelling around Australia in their caravan. After joining Exit in 2011, they attended Exit workshops as well as smaller chapter meetings. They said they were always open and honest in their discussions and appreciated being part of a community of 'like-minded people'. They said the reason they had planned to die in Peru was to save 'all the hassles of the Australian Customs and visits to our family home by the Australian Police'.

And so it was that in June 2017, Athol and Beverley were found by Peruvian Police 'sleeping' peacefully, lying wrapped in each other's arms in a suite at the Hilton El Pardo Hotel in Lima. While the couple had initially planned to die in Cuzco, they had both been affected by the altitude. After purchasing their Nembutal in Cuzco they returned to sea level in Lima. Their after-Nembutal drinks consisted of Drambuie (for Athol) and a small glass of Sauterne for Beverley. It seems they had read this book well, where it is recommended that a strong alcoholic drink is taken after drinking Nembutal. The alcohol will not only take away the bitter after-taste of the drug but it will make the Nembutal work faster.

Beverley & Althol Whiston (as filmed by NRC in the Netherlands in 2017)

The October 2016 Exit Workshop in Sydney Australia attended by the Whistons who are seated on the left hand side towards the rear.

While neither was seriously ill (and therefore would not have qualified to use an end of life law, had such a law even existed in Australia), the Whiston's main priority was to go together. Theirs was a joint rational suicide. As Beverley explained in an interview with Dutch newspaper *NRC* shortly before they died, 'why would I want to leave the other part of me behind? It's not possible, I can't do that, we are one'.

Further information about the Whistons and the *NRC Handels-blad* report can be found on the NRC website at:
http://www.nrc.nl

La Paz - Bolivia

La Paz in Bolivia is the highest capital city in the world and, as such, its altitude may not suit all travellers. Like Cuzco, Nembutal is available in La Paz if you know what to ask for. In La Paz, Nembutal is sold under the trade name 'Halatal'. A cab ride to a local vet store should prove a simple way to make your purchase. If the store you visit does not have any in stock, they should offer to order it in.

To purchase Nembutal in Bolivia, you need no papers, no prescription, there are few reported complications. One traveller even had the vet offer to deliver his Nembutal order to his hotel. He paid US$10 for each 50ml bottle. Other travellers to this country have reported paying up to US$40 for a 100ml bottle. Either way, the price is appropriate and there is no sign of profiteering.

In La Paz, pentobarbital can be sourced from the veterinary outlet at:

Av. Saavedra No 1004
Zona Miraflores, La Paz

Av. Saavedra No 1004, Zona Miraflores, La Paz

Geographical location of Santa Cruz, Bolivia

Santa Cruz - Bolivia

In early 2017, Exit received our first traveller's report of the over-the-counter sale of Nembutal in another Bolivian city. This time in Santa Cruz.

The address of the farmacia veterinaria in question is 6 de Agosto. This street is very near the famous Boris Banzer Prada Park on Avenida Uruguay. The park is notable because it contains the famous Avion Pirata (pirate plane). In the early 1960s, the Lockheed Constellation plane was alleged to be running contraband goods (eg. whiskey, cigarettes, TV sets) from the US to various Sth American countries.

The plane was brought down by the Bolivian Air Force in 1961.

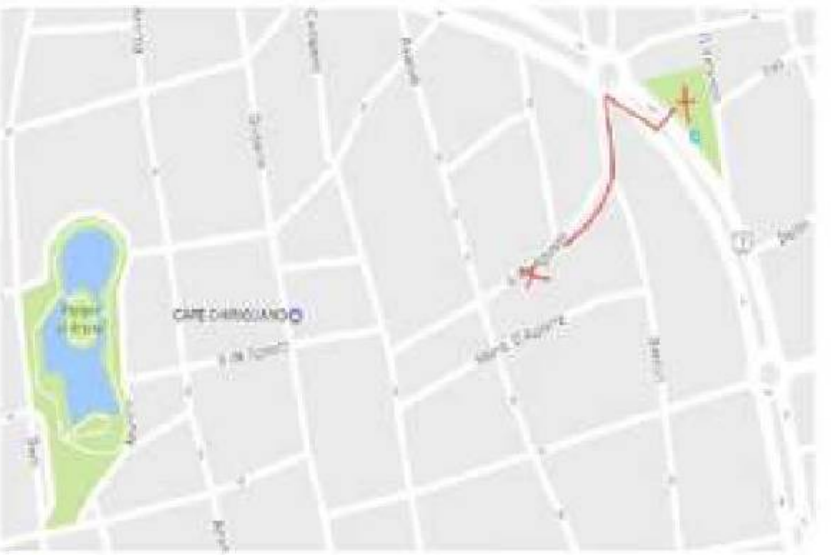
To read more of the urban legend of the plane see:
https://en.wikipedia.org/wiki/Avion_Pirata

The point is that if you find the park with the plane, it is a short walk to the store in question.

In January 2017 Jaan from Finland wrote:

> *I have just returned after successfully buying Nembutal in Santa Cruz, Bolivia. I chose this city since there is a direct flight from Europe.*
>
> *To buy Nembutal was easy. The key to success was to find an Agroveterinaria. They are different from an ordinary veterinaria. They are all located in the street 6 de Agosto (just east of the city center).*
>
> *This street is close to a small park with a natural size airplane. If you find the airplane you can not miss the shops. They only had one bottle Halatal in the shop (50 ml). They gave me a chair and asked me to wait while they fetched more. Five minutes later they came back with four 50ml bottles Halatal for me. And no questions.*
>
> *The problem was the customs at the airport Viru-viru in Santa Cruz. This was when I left Bolivia. My handbag passed the ordinary scanning without problems. Then there was the drug control.*
>
> *They opened all handbags for manual inspection. The lady found my bottles of Nembutal. She asked 'Medicina?' I said 'yes'. She nodded and put them back.*
>
> *Then there was stage two. All had to put their handbags in a row on the floor. Then came a dog. It did not react on my bag.*

The famous pirate plane in Boris Banzer Prada Park in Santa Cruz, Bolivia



The route to the store from the Pirate Plane in Boris Banzer Prada Park

SE ASIA

From time to time, travellers have reported being able to buy Nembutal over-the-counter for sale in SE Asia. However, as with South America, the availability of this drug seems to change with alarming frequency. What was true last month, is not true now.

Bangkok - Thailand

Whereas in 2011, Nembutal could be obtained over-the-counter from veterinary pharmacies in Bangkok this is now not the case. When it was available, travellers paid 850 Thai Baht (US$25) per 100 ml bottle. The retail name was Nembutal and the drug was manufactured by the French company CEVA.

Trang - Thailand

Exit has occasionally received reports of the purchase of Nembutal over-the-counter of liquid, veterinary Nembutal in the town of Trang (near Phuket Island). The outlet has been:

Trang Animal Hospital
184/1-3, Wisetkul Road
Tambon Thap Thiang
Trang, 92000, Thailand

The reported price for Nembutal from the Animal Hospital is 1,500 Thai Baht per bottle. This equates to around USD$40. The most recent report received in May 2017 stated:

> *I traveled to Trang Animal Hospital and inquired about the sale of N. I was emphatically told 'no' immediately.*

Sterile veterinary Nembutal as it has been sold in Thailand

Concluding Comments

Nembutal continues to be sold over-the-counter (lawful) and over the Internet (check your local laws regarding legality) from several countries around the world.

However, while the purchase of Nembutal might be quick and legal in some countries, the importation of Nembutal to your home country is *almost certainly illegal* and may attract penalties. You are strongly advised to check the particular laws of the jurisdiction in which you reside before going further.

That said, if a seriously ill person purchases Nembutal lawfully in one country and then takes the drug and ends their life *in that country*, no laws will likely be broken.

Nembutal Scams

Introduction

Ever since Nembutal became available on the Internet, scammers have attempted to exploit the growing demand by elderly people wanting 'an insurance policy for the future'. It is a sad thing indeed that over the years, scammers have become very successful (and presumably wealthy) as they rip people off left, right and centre.

Scammers use Western Union, Money Gram, iTunes & Amazon giftcards and, of course, Bitcoin accounts. They make fancy websites, stealing the images and logos used in this book as they go hunting for business. Your business. On the Internet, the old adage is true. 'If it sounds too good to be true, it is too good to be true'. Nembutal is an illegal drug. If it looks easy to buy online, it will be a scam!

Whether there is one scammer (with many names) or many different scammers, we need to be clear. Dr Philip Nitschke does NOT sell Nembutal. If you find a website where he 'appears' to be selling Nembutal, this is a scammer impersonating him. Nor does Philip or Exit recommend anyone.

If in doubt, check Exit International's Nembutal Scams website at: *www.nembutalscams.com* It's free, accurate and up to date thanks to your reader feedback.

If you are thinking of buying Nembutal online, you need to read this Chapter as it provides the most definitive information about the techniques used by online Nembutal scammers.

In this Chapter the following issues are covered:

- A-Z of Scams: Websites, Emails, Impersonation, Social Media, Fake Peaceful Pill Handbooks, Fake Peaceful Pill Forums, Fake Couriers & more
- How Internet Scammers Work
- The Scam Peaceful Pill Directory Scam site
- What Happens Next: Threats, Blackmail & Extortion
- Tips to Pick a Scammer
- Conclusion
- Neighbourhood Watch for Scammers

The A-Z of Nembutal Scams

We are sorry to disappoint, but no websites sell Nembutal despite what they say, claim or promise.* Our advice, therefore, is clear. Do not deal with any of the websites listed on the following page. These people are criminals and you will lose your money.

More than this, scammers are nothing but creative, so it is not only websites that will be trying to scam you, it is also emails, social media, and even fake editions of this book. The following pages contain essential information by way of warning.

* Note - from time to time Exit has received reports of people acquiring Nembutal on the dark web. This blanket statement does not, therefore, apply to websites on the dark web.

Websites

All websites that purport to sell Nembutal OR who say they can refer you to a 'trusted' supplier are scams. There are no websites that sell Nembutal. Period!

Over the years scam websites have become increasingly sophisticated (see images in the following pages). They metamorphose every time they are exposed. But don't be fooled: there are NO websites that sell Nembutal.

Nembutalscams.com Website

As noted on the first page of this Chapter, Exit has established our own Nembutal Scams website. This site is not a scam. Nor does it sell Nembutal. Rather, it is a way of allowing readers to share information about scam websites so as to stay safe online.

Of all Nembutal Scam sites, it is the Peaceful Pill Directory at: *http://www.peacefulpilldirectory.com* that has become, perhaps, the most infamous and effective of all scam websites. But there are many more besides. Peaceful Pill Directory is one of many scam sites listed by Exit (or readers) at *www.nembutalscams.com*

To repeat, Exit International Nembutal Scams website at:

www.nembutalscams.com

is essential reading to stay safe online. This website is the only website that is sponsored by Exit International with a view to protecting readers of this *eHandbook* (and the general public) from the scourge of online scammers.

Nembutal Scams

Nembutal Scam Website

Fake Age Verification Page

Exit International's **www.nembutalscams.com** free website where readers can report scammers & check the validity of other sites they come across.

Email Scams Part I

A second way that scammers operate in the fake online Nembutal marketplace is through individual email addresses, including using encrypted email such as Protonmail. Again, don't be fooled. No email addresses that can be found on the open Internet sell Nembutal. They simply don't exist. They will be scammers.

Email Scams Part II - Impersonation

Where email is concerned, the scammers don't only operate from miscellaneous anonymous email addresses, they also change the email addresses of the very few known suppliers of Nembutal, in an attempt to intercept their email traffic.

The scammer will use an almost-identical email address to entrap the unsuspected shopper. The email addresses below are fake.

<alejandrovasquezmzv@gmail.com>
<alejandrovasquez@protonmail.ch>

Note the difference between these and the verified email addresses published in the previous chapter.

Social Media

Scammers also use social media such as: Linked In, WhatsApp, Wordpress Blogs, Facebook and Twitter to rip you off.

The short advice on this is do not attempt to buy Nembutal using social media. They are ALL scams.

Some examples of scammers on Linked In can be found at:

https://www.linkedin.com/in/dreugenehoward/ and
https://www.linkedin.com/in/ordernembutaldrug/

Fake Editions of this Book

As with most things on the Internet, there is the original and then their are the fakes. This book is no different.

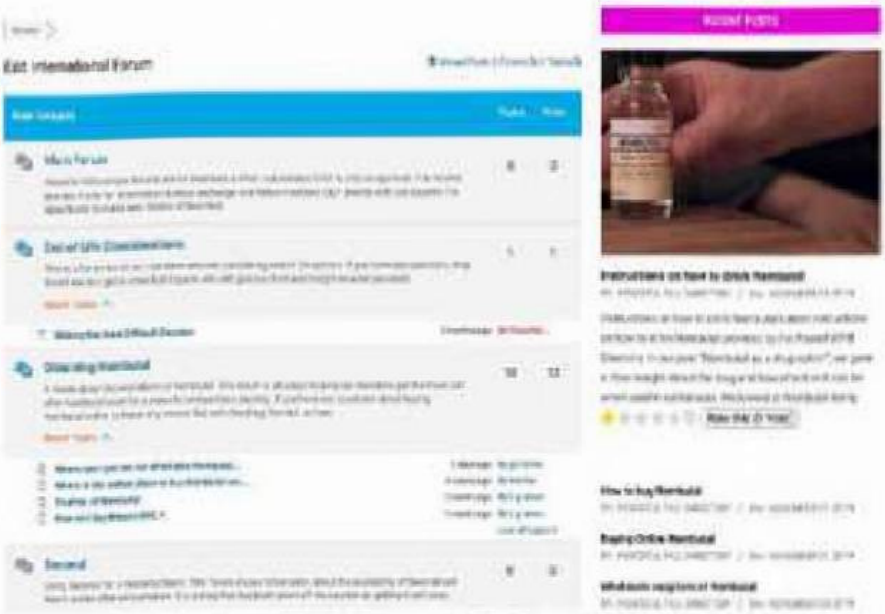
If you find a free PDF download of the Peaceful Pill eHandbook it will be a fake. By fake we mean that its content will have been changed in important ways. The information will not be able to be trusted.

While you might think you are getting a bargain, what you are actually getting is fake information which may well direct you straight to the scammers, causing you to lose time and money.

Fake Peaceful Pill Forums

A more recent development by the fake Peaceful Pill Directory scammers is to impersonate Exit's Peaceful Pill forums. If you find a link or reference to, or image of, the Peaceful Pill forums other than the link from the genuine Peacefulpill.com website, you are looking at fake forums.

For example the information at 'Forum Jar' is fake.
http://www.forumjar.com/forums/The_Peaceful_Pill_Handbook



The fake Peaceful Pill Directory's Fake Peaceful Pill Forums site

Fake Courier & Transport Companies

Just as all websites purporting to sell Nembutal are scams, so are the courier (and drug-testing) companies that some of them list.

Despite how it looks, Mail Ghost is a fake mail redirection service. See: *http://www.mail-ghost.com*

Scam Mail Redirection Website

How Internet Scams Work

The *modus operandi* of scammers is varied, but it is always about getting you to hand over your money.

1. You find a website or email address and make contact.

2. The scammer will reply referring you on to a 'verified' supplier. Alternatively, they will jump straight in recommending the amount of liquid/ powder you will need and quoting a price including delivery. Delivery will sometimes be promised as next day service. They often add that insurance is included and that if you do not receive the parcel, they will send another free of charge. Or a full refund if you prefer.

3. The scammer will then provide you with payment details, of Money Gram, Western Union or Bitcoins.

If your alarm bells are not going off now, they should be!

Sounds too good to be true, it is too good to be true!! Scammers may even ask purchasers to complete a questionnaire before progressing things further. There is nothing quite like a caring and concerned scammer!

Here is an example of a response email you will receive from the well-known scam, the Peaceful Pill Directory:

Hello,

This is a very big decision and we hope you have taken the time to think it through. Making the decision to take ones life isn't as easy as many think. Still, we believe that it is a fundamental human right for every adult of sound mind, to be able to plan for the end of their life in a way that is reliable, peaceful and at a time of their choosing.

To follow this path, you need Nembutal which is the drug of choice when it comes to voluntary euthanasia and assisted suicide.

Nembutal has always been seen as the peaceful method of exiting. You overdose on it. You fall asleep. You die peacefully in your sleep.

Peaceful Pill is a community dedicated to providing the best information on where to acquire Nembutal. For long we have been providing a list of verified and genuine vendors of Nembutal Pentobarbital both the powder and the liquid.

The sources we had now sell very expensive due to scarcity.

To get Nembutal whether powder or liquid you must answer the below questions.

We will like you to answer the following questions:

How old are you ?
Are you terminally ill ?
Do you have a mental problem ?

Are you normally suicidal that is have you ever tried committing suicide before?

Do you have family members who are aware of your decision?

Where are you located ?

Please make sure you answer all the questions above. From your reply, we will move forward.

Await your reply.

The Peaceful Pill Directory
https://peacefulpilldirectory.com

Scam Peaceful Pill Directory website

What Happens Next?

If you find yourself dealing with a scammer, this is what you can expect to happen next:

- You will never hear from them again OR
- You will receive an email from a fake shipping company (eg. 'Delta Shipping') wanting another USD800 for insurance, asking you to pay via Western Union, AND
- You may be emailed again saying you need to upgrade your insurance to 'Category C' (whatever that means) for a further $4000.

If you do not pay, you may have the following threats made:

- You will be threatened with being reported to the Authorities for breaking the law AND/ OR
- You will be threatened with legal action if you do not pay.

Summary

Dealing with Internet scammers is a no-win situation. This is why they are so successful. You have no come-back. No way to report being scammed. Exit's simple advice? Don't do it!

Threats

The danger of dealing with online scammers is more than just losing your money. It's also about extortion and blackmail.

One purchaser who refused to pay the extra 'insurance money' found themselves at the receiving end of the following email. This is the ugly side of the online Nembutal trade.

Nembutal Scams

Scam Website

A Fake Facebook Page featuring Philip Nitschke

Did you ever experience witchcraft in your life? and do you want to experience it? You dare with me, I talk with my Indian guy and we put you in deep pain right now. Just dare it ... Hope you read my last email. If it rings a bell in your head then you must be very careful at this moment as its now getting off hand. I can put you in greater pain for your whole life.

Tips to Pick a Scammer

In editions gone by of this book, Exit published an extensive list of advice tips. However, to simplify the issue there is really only one piece of advice to be offered and it is this: all websites that purport to sell Nembutal online are scams.

If you choose to ignore this advice, and persist in the endeavour, here are some red flags to look for:

- Poorly written English?
- Does their website state an association with Exit International, Exit International USA, Dr Philip Nitschke?
- Do they refer you on to so-called 'verified' suppliers?
- Do they say they have been approved/ endorsed by *The Peaceful Pill eHandbook*?
- Does their website offer real time chat customer assistance?
- Do they say they send/ have sent samples of Nembutal to Exit International for testing?
- Do they 'sell' different types of Nembutal (eg. 'oral solution', 'solution intravenous', 'powder')?
- Do they advise you how to take the Nembutal?
- Does their website show testimonials from 'happy customers'?
- Do they list customer reviews with stars?

- Do they publish news stories on assisted suicide?
- Do they say they know others who have been scammed (to prove they are not scammers)?
- Do they offer to oversee the transaction so you won't lose your money?
- Do they ask that you keep the communication 'discrete'?
- Do they offer fast and discrete shipping?
- Do they say they have 501c status or an IRS number?
- Do they require insurance?
- Do they use a fake courier company? Have you checked?
- Where are they based? Scammers use addresses as disparate as: California, Belgium and Ukraine.
- Are they especially keen to make a sale?
- Is their site or email address similar to any of those listed in this book?

Conclusion

The more the business of scamming changes, the more it stays the same. What amazes the authors of this book is the seeming lack of interest by the authorities in the rort which is the fake business of selling Nembutal over the Internet.

This lack of interest seems all the more remarkable given the police raids on elderly folk over recent months in many countries in Europe, Nth America and Australia.

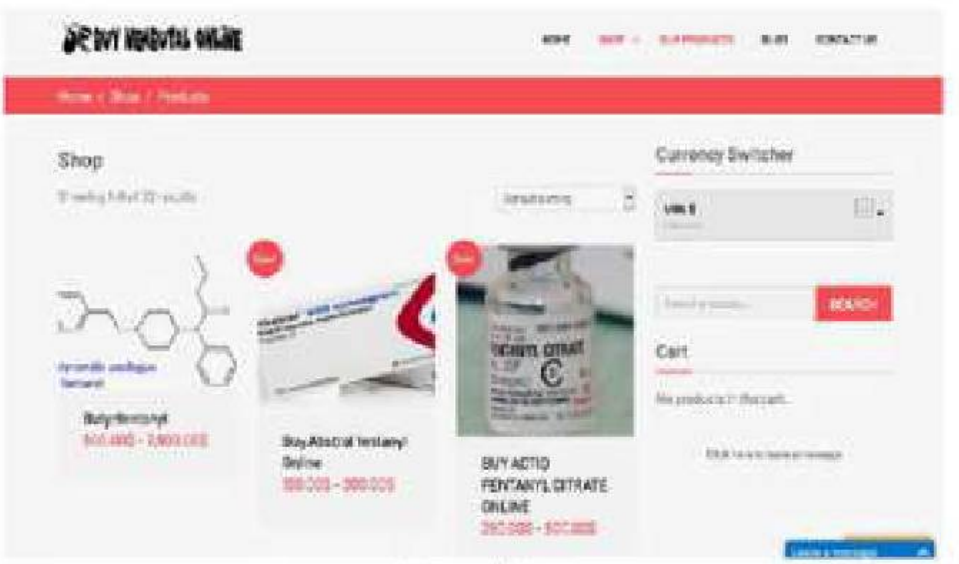
It seems the US DEA or Department of Homeland Security are far more interested in catching out those who have ordered from a genuine supplier - who want an insurance policy for the future - than chasing those who extort and steal money while delivering nothing.

Scam website

Scam website

Scam website

Scam website



Scam website

Afterword - A Neighbourhood Watch for Scammers

As this Chapter makes clear, keeping a tab on scammers is an on-going challenge. The information changes fast. The duplicitous, dishonest nature of scam operations, and the desperate plight of those seeking to buy Nembutal, ensures that there is always someone who is willing to risk their luck, and their money.

To stay abreast of these criminal activities, Exit asks that feedback is provided on an on-going basis. No bit of information is too small or insignificant.

It is only through extensive reader feedback that Exit can continue to issue warnings and alerts in real time, when and as they appear.

Email us at: *exitint@protonmail.com*

Watch the 'real' Peaceful Pill Forums for further news.

Caveat Emptor!

18

Testing and Storing your Nembutal Sample

- The Importance of Testing
- Taking a Sample for Testing
- Types of Tests (Qualitative v. Quantitative)
- Home Qualitative testing - Exit Spot Test
- Commercial Quantitative Testing
- Infrared Spectroscopic Testing using the SCiO Sensor
- Home Quantitative testing - the 'Max Bromson Triple Test'
- Additional Home Tests
- Storage & Shelf Life of Powder/Liquid
- Note about Nembutal capsules, tablets and long term storage

The Importance of Testing

Barbiturate drug-testing is important. No one wants a failed attempt. The emotional cost of having made this most difficult of decisions, and having said good-bye to loved ones, should not be exacerbated by further worry that the drug may fail.

The decision to die is not one that anyone wants to take risks with. The principal of harm minimization (i.e. ensuring that the substance is what it says it is and minimizing the risk of 'something going wrong') is paramount.

While some will prefer to test their drugs themselves, others will want the 'gold standard' provided by a commercial laboratory. Either way, the testing the purity of internet pentobarbital powder is advised. Testing liquid samples is less important (because they are packaged in a sterile, tamper-proof bottle), but makes sense if the drug has been kept for a long time period..

Taking a Sample for Testing

The tests described in this Chapter require only a very small sample of the powder or veterinary liquid to be tested (~ 0.5gm of powder or 6ml of veterinary liquid is enough to carry out all of the tests). A sample of veterinary liquid Nembutal for testing can be obtained as follows:

The veterinary packaging is designed so that variable amounts of the drug can be withdrawn from the 100ml bottle using a syringe and hypodermic needle without breaking the sterile seal. Although there is no need for the Nembutal to be sterile for a peaceful death, the drug will keep longer if the seal is not damaged and the solution remains sterile.

The bottle should only be fully opened (by breaking the seal and removing the rubber stopper) when the drug is either ready to be used or it is to be discarded.

Fig 18.1: Removing a sample of Nembutal

To take a test sample of the liquid, remove the outer plastic cap from the bottle cap (if present) and then use a small knife, nail scissors or screwdriver to remove the small central circular metal piece covering the rubber stopper (Fig 18.1) that you will find underneath the plastic cap. The rubber stopper will then be exposed.

When the rubber stopper is exposed, the needle of the hypodermic can be pushed through the stopper into the bottle. Use the hypodermic syringe supplied with the Exit Nembutal Test Kit (or an equivalent). With the needle in place, invert the bottle and carefully withdraw the syringe plunger until there is liquid in the syringe.

Qualitative vs. Quantitative Testing?

Qualitative testing shows 'Yes' or 'No' if the sample being tested is Nembutal. Qualitative testing uses monoclonal antibodies to indicate whether the Barbiturate Nembutal is present even in minute quantities.

NOTE: Qualitative testing gives NO information on the purity of the sample. A Qualitative test only confirms that Nembutal is present. This is also called the qualitative 'Spot' Test.

In contrast, Quantitative testing establishes the purity of the sample. Quantitative testing therefore shows if a sample has deteriorated over time, or from poor storage.

Fig 18.2: Weighing out Nembutal powder for testing

A Quantitative test will also show if a sample has been contaminated in some way. If this is the case, the sample in question may need to be discarded (or the dose increased to compensate for the deterioration or adulteration).

Quantitative testing of a sample that has been stored for many years (or is from an uncertain source) is useful for peace of mind.

The Qualitative 'Spot' Test

The Exit Spot Test Kit is a quick screening test that can be quickly undertaken to establish that Nembutal powder from China or liquid Nembutal from countries such as Peru or Mexico is, in fact, Nembutal.

The test can be done at home and as stated previously, only a very small sample is needed for the test (~0.1gm of powder, or 0.1ml of veterinary liquid). The Exit Qualitative Test Kit contains a sealed dip-card cassette and 0.5ml hypodermic syringe.

For veterinary liquid Nembutal, the steps are as follows:

1. Use the syringe provided to remove a small sample from the bottle of liquid to be tested using the method shown in the videos 'Testing Nembutal - Obtaining the Sample'.

2. Remove the Nembutal test cassette from its foil and remove the plastic cap to expose the absorbent tip. Saturate the absorbent tip of the dip-card with the veterinary liquid you have removed with the syringe, and replace the plastic cap.

3. At ~5 minutes, read the results of the test off the dip-card. After 10 minutes the results cannot be relied upon.

To use the Exit Spot Test for powdered Nembutal, the steps are as follows:

1. Use a clean knife to separate out a small sample of the powder (see Fig 18.2).

2. Dissolve a small amount of powder in a few ml of distilled water. Saturate the absorbent tip of the dip-card, and proceed as above as per step 3 to read the results on the cassette.

Reading the Qualitative Test Results

Positive Result:
ONE red line in the control region (C). NO line appears in the test region (T).

The absence of a test line indicates a positive result for Nembutal.

Negative Result:
TWO lines appear. A red line in the control region (C), and a red or pink line in the test region (T).

Invalid Result:
NO line appears in the control region (C).

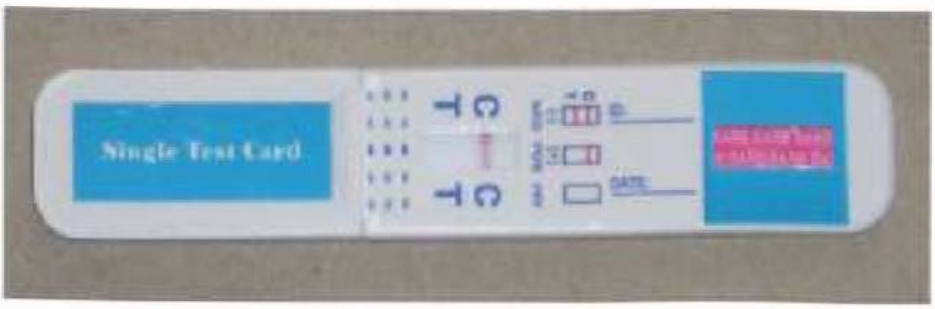


Fig 18.3: A positive 'Spot' Test

Video: ***Testing Nembutal: Obtaining the Sample***

Video: ***Using the SCiO Molecular Sensor***

Commercial Quantitative Testing

The 'gold standard' test for the purity of a sample of sodium pentobarbital is by Gas Chromatography and Mass Spectroscopy (GC/MS). The equipment needed to carry out these tests is expensive and requires skilled operators. The process also requires a pure sample of the substance being tested so that comparisons can be made.

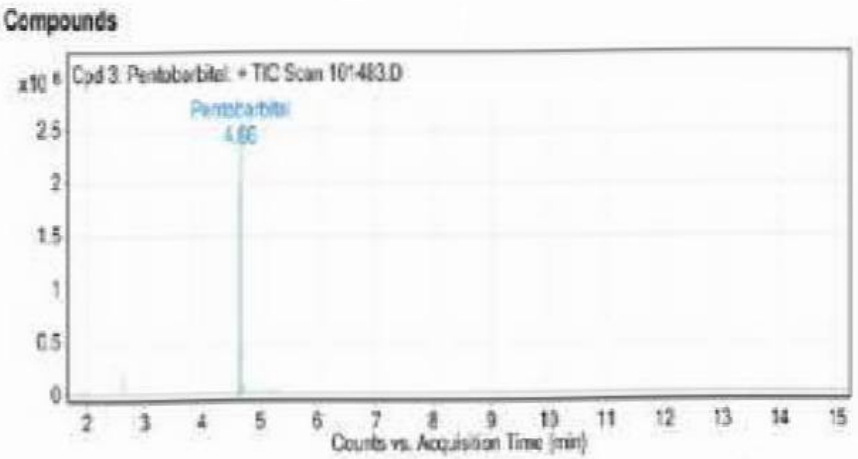
The problem of finding laboratory services prepared to test the purity of 'illegal' drugs has long been a challenge for those using recreational party drugs from questionable sources. It is well established that drug-testing of this nature promotes safer drug-taking - within a framework of 'harm minimisation'.

Energy Control website - Submitting a Sample

However the testing of end of life drugs carries the additional risk for the laboratory that their analysis could be considered a breach of law that prohibits "assisting a suicide". This concern has meant that although many laboratories around the world regularly provide testing for government and policing agencies, they consistently refuse individuals seeking analysis of "white powder, believed to be sodium pentobarbital"!

The progressive Spanish laboratory, Energy Control (EC) provides a very useful analysis service for recreational drugs and in 2016 Exit contacted them about possible extension of their service to include Nembutal. After some consideration they agreed, using the 'harm minimising' argument. Clearly a person seeking a reliable death could be seriously "harmed" if poor quality drugs were used, leading to a failed attempt, and a seriously damaged individual.

With the acquisition of a standard sample in late 2016, EC began operating the first quality laboratory Nembutal testing service for members of the public in early 2017.



GC Scan result for Chinse powder Nembutal (>99%)

Exit greatly appreciates the service operated by this laboratory and their work has been invaluable in monitoring the quality of the sodium pentobarbital on the market. For background see:

http://www.aljazeera.com/news/2016/05/spain-free-lab-testing-street-drugs-160510122235494.html

Submitted samples can be forwarded to EC by mail. Results are then delivered by email. Further details on sample submission can be found on the EC website.

http://energycontrol-international.org/drug-testing-service/submitting-a-sample/

Details:

- Sample: Sodium pentobarbital (this must be specified as it is not listed on the drop-down menu)
- Sample size (powder): ~0.1gm (a tenth of a gram)
- Sample size (liquid): 1-2 ml
- Cost: €70 (€120 if test data is required to be forwarded)
- Payment: Bitcoin, PayPal or bank transfer
- Results: Forwarded by email
- PGP encryption available
- Time for results ~ 10 days

Plastic *Ziploc* bags to forward powdder for assay

Exit Store 'Nembutal Sampler Kit' for Energy Control assay specimens

Samples needed for assay by Energy Control

The facilitate sample collection Exit offers a kit from its on-line store. The kit consists of x2 qualitative Nembutal screening cassettes, syringes and needles for removing liquid samples for analysis from sterile veterinary bottles, two 1.5 ml liquid sample containers for forwarding liquid to the laboratory and plastic *Ziploc* bags for powder samples.

Testing Nembutal using Infrared Spectroscopy

Infrared spectroscopy is a technique in which light in the infrared part of the spectrum is directed onto a substance for analysis. Different frequencies of this radiation are selectively absorbed and the spectra provide a unique fingerprint of the substance under analysis. While the process has been used for many years the equipment needed to irradiate the sample, collect and analyse the resulting spectrum has been bulky and expensive. A recent development by Israeli tech start-up Consumer-Physics has led to the development of the handheld SCiO molecular sensor, a device that makes this technology accessible to the general public.

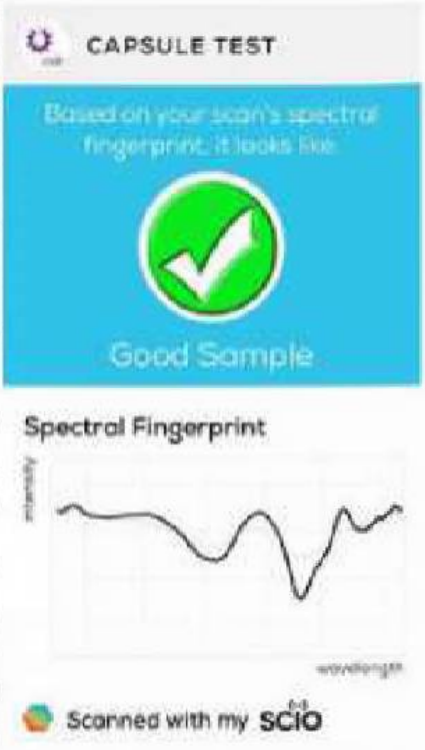
SCiO sensor with '00' capsules of powder for testing

The full potential of this device in testing samples of sodium pentobarbital is yet to be determined. Initial tests have been positive, in being able to detect that the powder *is* Nembutal, *and* that there are no other significant contaminants. Exit is developing the necessary App by testing a large number of samples of Nembutal (many of which have also had GC laboratory testing) and recording the resultant spectra.

NOTE: The accompanying video shows the process

The accuracy of the test, and the ability to detect sample purity will depend on the database of spectra collected.

The testing process for a powder sample is simple. Install the SCiO software onto your phone or laptop. Login, and WiFi link and calibrate the sensor as shown in the software. Fully pack a '00' gelatine capsule with the finely divided powder for testing - this will requires ~ 600 mg of sodium pentobarbital. Weigh the capsule and place it into the accompanying reflective small objects holder that accompanies the detector, then switch on the ExitTest2 App, from the Applet selection. Position the molecular scanner above the holder and press the displayed 'scan' button.



SCiO sensor result from pure Nembutal

A flash of visible light from the detector is noticed and the screen indicates the completion, then analysis of the scan. The recorded data is compared with stored spectra, and the results immediately made available on the phone/ iPad screen. The result display for a good sample of Nembutal powder is shown in the diagram. This can then be emailed or stored. If the analysed spectrum comes back as "*unrecognisable*", further tests should to be carried out.

NOTE: Tests on liquid samples of Nembutal are currently being carried out and details will be published when available.

NOTE: The full potential of this system for assessing end of life drugs is still being investigated by Exit

The Max Bromson Quantitative Test

There are three quantitative tests that can be carried out at home. Together, they are called the Max Bromson Quantitative Test. Together, will give a reliable indication of the sample purity.

The Max Bromson Quantitative Test Kit can be obtained at:

http://www.exitinternationalstore.com

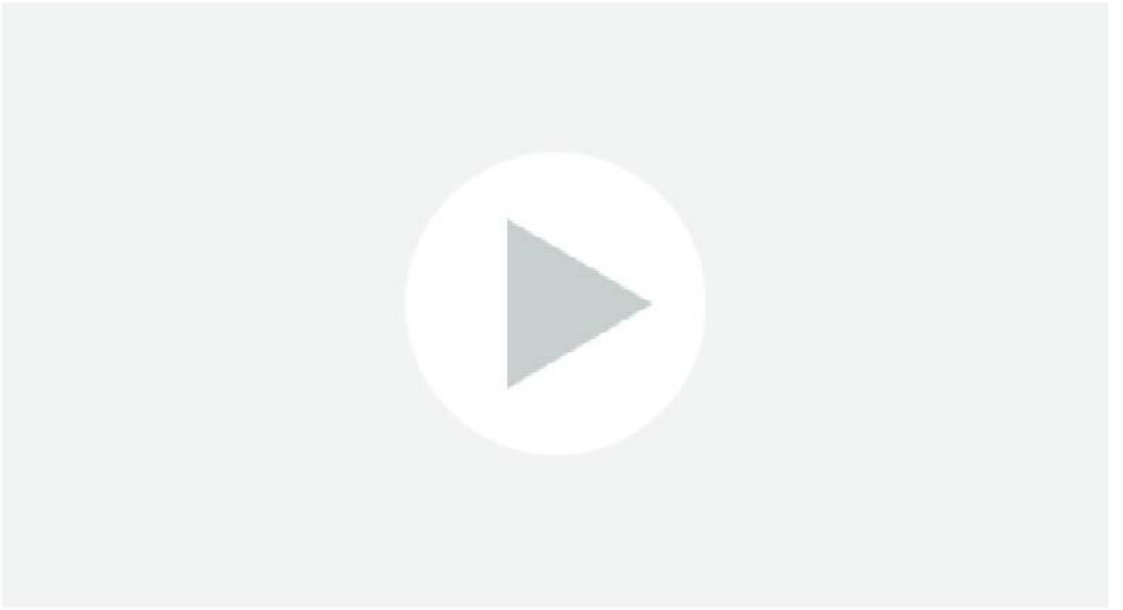
Each Exit Max Bromson Quantitative Test Kit contains:

- Digital scales with accuracy of +/- 0.001gm
- Glass Melting Point capillary tube (x2)
- Digital probe thermometer (0°C to 250°C)
- Spot test cassettes (x6)
- 2ml micro-pipettes (x6)
- 3ml syringes (x6)
- 25G hypodermic needles (x4)

Fig 18.4: Exit 'Max Bromson Triple Test' Kit
(Spot test cassettes not shown)

Video: ***Acid Conversion Test (ACT)***

Video: ***Melting Point Test (MPT)***



Note: In May 2016 the consumables provided in the Max Bromson Kit were doubled, so that more than one sample could be tested.

The results of these tests on a sample of Nembutal powder (or liquid) will give a reliable indication as to whether the sample has undergone significant deterioration, or has been contaminated or adulterated.

The 3 Tests are:

a) The Acid Conversion Test (ACT)
b) The Melting Point Test (MPT)
c) Dilution Purity Testing (DPT)

a) The Acid Conversion Test (ACT)

Nembutal (sodium pentobarbital) is in the form of a soluble salt. When dissolved in water the salt forms a clear alkaline liquid (with pH ~10). This explains the bitter taste.

Conversion into the insoluble crystalline form can be achieved by acidifying the solution and driving the pH down, so that an insoluble precipitate is formed.

If the original salt sample is 100% pure sodium pentobarbital, the weight of the precipitate formed should be 90% of the original (the ratio of the molecular weights of both substances). In other words if one dissolve half a gram (500mg) of 100% pure Nembutal powder, acidifies, separates, dries and weighs the precipitate, one would expect a weight of 450mg.

Method: Place the scales provided on a flat surface and check the calibration with the 10gm weight included. (Use the tweezers to move items on and off the scales)

Weigh out approximately 500mg (1/2 gram) of powder for testing. Record the accurate weight and dissolve the sample in approximately 50ml of distilled water.

When the sample is fully dissolved, use a syringe from the kit to drip in 5ml of white vinegar. Note the cloud of white precipitate that forms with each drop. Let the precipitate settle.

Weigh and record the weight of the dry laboratory filter paper provided in the Kit. You will then need a small plastic funnel. Fold the paper so that it fits inside the small plastic funnel. Pour the mixture (liquid and precipitate) into the funnel so that it drains through the filter paper. To ensure that all the precipitate has been washed into the filter paper, rinse the container containing the mixture using a syringe of distilled water.

Repeat the process by adding another 5 ml of vinegar to the clear filtrate. Again let the precipitate that forms settle, then pour through the same filter paper and rinse the precipitate again. Repeat until the further addition of vinegar leads to no visible precipitate.

Place the filter paper in an oven set at low heat (~100°C), and allow the filter paper to dry. Re-weigh the filter paper plus the dried precipitate.

Calculate the weight of the total precipitate by subtracting the weight of the filter paper.

The % purity of the original sample is obtained by:
(Weight of salt/ Weight of precipitate) x 90

Note: If one is testing the purity of a sample of veterinary liquid Nembutal, remove 6ml of liquid for testing and measure the exact volume using one of the graded pipettes. Add distilled water and proceed as described above.

Note: The quoted concentration on the bottle of the Nembutal to be tested is usually 65mg/ml. The original weight of the salt would be 6 x 65 = 390mg, and if pure ,would precipitate 350mg.

Set aside the dried pentobarbital crystals for use in the melting point test (MPT).

Note: The ACT Test is shown in the video '*Purity Testing for Nembutal Powder*' but that the volumes used in the video differ slightly from the text description. In the video, only 200mg of powder was used for the test, and the process of serial dilution using small 5ml vinegar samples was <u>not</u> employed. This process of serial dilution and filtration avoids the possibility of re-absorbtion of the precipitate by over dilution, and the use of a larger (500mg) sample gives greater ACT test accuracy.

b) The Melting Point Test (MPT)

A pure test sample is expected to have a clearly-defined specific melting point. The melting point can be determined by using a thin-walled glass capillary tube to heat a small sample and then recording the temperature at which the sample melts (and changes colour).

For Nembutal, the test must be carried out on the free acid - not the sodium salt. Items needed for the test include a sealed glass capillary tube, thermometer (mercury or digital) with a range > 150°C, and a glass container of cooking oil that can be heated slowly on the stove.

Regardless of whether one has the powdered salt (from China), or a bottle of liquid solution of the salt, the process is as follows:

Place some of the dry pentobarbital crystals from the previous acid conversion test into the capillary and suspend the capillary in the cooking oil. Keep the glass tip of the capillary close to the sensing tip of the digital thermometer. Heat the oil slowly on the stove while stirring the oil continuously. Watch for the point at which the melting of the crystals occurs. The crystals should change colour quickly from white to transparent at 131°C +/- 1°C.

A video of the MPT is shown: 'The Melting Point Test for Nembutal'.

Note: In the video a magnetic laboratory stirrer is used to ensure a uniform temperature of the cooking oil being heated.

c) The Dilution Purity Test (DPT)

The DPT test looks for the point at which a sample of Nembutal (powder or liquid) becomes so dilute as to not give a 'positive' on the qualitative 'Spot test' cassette. Adulterated or degraded Nembutal samples will require less dilution to reach this point.

Accurately weigh out 200mg of powder to be tested. Dissolve this powder in ~20ml of distilled water taken from one of the 2 liter distilled water bottles - label this bottle #1.

Return the 20ml of water with the dissolved substance back into the 2 liter container. Re-seal and tip up and down several times to mix the sample thoroughly.

Re-open the 2 liter container and insert the test strip of a spot test cassette into the liquid. Wait and read the result. A clear positive should be recorded. A clear positive is a single clear line at 'C' on the cassette, with no line forming at the 'T' level (see Fig 18.3).

Use a 3ml syringe attached to a 2ml micro-pipette to take exactly 2ml of liquid from this 2 liter container and add this to the second 2 liter distilled water container - label this bottle #2.

Reseal and again invert to mix thoroughly. Finally, use a new cassette to test bottle #2. Another positive should be recorded, although a faint line may now be noticed at 'T'. A clear 'C' confirms that the test sample has a purity of better than 70%.

Note: To test veterinary Nembutal liquid, use a syringe with a 25G needle. Remove exactly 3ml of the sample and add this directly into the first distilled water bottle - proceed as above.

A video of the DPT is available: See 'The DIY Home Nembutal Purity Test'. https://youtu.be/Qq4P8qZOqhM

Max Bromson Quantitative Test Results

Home purity testing requires care and the results obtained can sometimes be difficult to interpret. The benefit of the Max Bromson Triple Test is that it enables three tests to be carried out.

A spurious or unexplained result from one test can then reasonably be disregarded if the other two tests return an adequate result.

For example, a good purity result on the ACT (ie. better than 70%), with a MPT of 130°C would give confidence that ingestion of 10gm of this sample will bring about a peaceful death. The test that is most likely to give spurious results (false negative or positive) is the DPT as there are external factors that cannot be totally controlled, eg. the age and quality of the test cassettes.

If, however, a sample fails all three tests, it would be wise to source an alternative sample, or seek a laboratory assay.

Additional Home Quantitative Tests

Water Content Test (WCT)

The presence of water in any significant amount in a sample of Nembutal powder is an adverse finding. Nembutal powder will readily absorb water from the air. This is why it should always be kept tightly sealed in an air-tight container.

To determine water content in Nembutal powder, accurately weigh out and record ~1 gm of the powder and place it in a laboratory oven with the temperature controlled at 100°C. After 30 minutes in the oven, let the powder cool in a desiccator and re-weigh to establish the percentage of water content. The percentage should be < 5%

Acid Titration Testing (ATT)

Reliable testing to quantify the presence of adulterants or degradation requires sophisticated equipment. A useful titration test can be carried out at home, but careful attention to detail is essential to ensure an accurate result.

This method involves accurately weighing out a small sample of powder (~200mg +/- 0.5mg), drying it in an oven at 100°C to determine the presence of any significant amount of water, then dissolving it in distilled water and, finally, titrating with 0.1N hydrochloric acid. Methyl Orange is used as an indicator to determine the point at which the pH rapidly decreases.

A detailed step-by-step account of this process has been provided to Exit by 'htveld' and is available on the 'Prime Posts' section of the Exit Forums. See: *http://bit.ly/29LeP6a*

Exit is also grateful for the work of 'chriskay' & ' billleboeuf' in the Exit Forums *<http://peacefulpillforums.com/>* for their suggested refinement to the quantitative testing proceedures described in this chapter.

Testing Nembutal - Summary

- Qualitative testing is simple screening test carried out using the Spot Test barbiturate strips. This provides no information on sample purity.

- Quantitative testing shows a samples purity.
- The gold standard test is laboratory testing using gas chromatography (GC). Energy Control laboratory in Spain offers this service
- Home quantitative testing can be carried out using the Exit Bromson Test kit, but results are much less accurate.
- There are three tests that the kit enables - the mot useful are the acid conversion and melting point tests (ACT & MPT).
- The full potential of the new SCiO infrared scanner in providing qualitative and quantitative information on a Nembutal sample is still being assessed.

Fig 18.5: Exit Laboratory GC Machine

Mobile Nembutal Testing

The demand for reliable, confidential testing has grown significantly with the ready availability of powdered Chinese Nembutal. Legal problems have prevented the establishment of a testing service where members would forward a small sample of the powder (or veterinary liquid) to our laboratory for assay.

In 2012 a mobile testing facility (laboratory van) operated for a short period of time to make testing equipment available to Exit members. For legal reasons, Exit did not take possession of the substance being tested. Ownership remained with the person carrying out the tests.

Storage & Shelf Life of the Barbiturates

The soluble barbiturate salts (ie. sodium pentobarbital - Nembutal) are very stable drugs. This is a particularly useful property of Nembutal, as it means the drug can be safely stored many years without losing its potency. This is true for both powdered and liquid forms of Nembutal.

In powdered form, sodium pentobarbital should be kept tightly-sealed, away from any contamination or exposure to oxygen or atmospheric moisture. The product from China is usually supplied loosely packed in a small plastic sachet, so re-packaging is important. There are two recommended procedures for long term storage.

The Storage of Powder Nembutal

Method 1

Obtain a suitable glass container with a airtight screw top. The size should just accommodate the powder, with little extra space for air. If testing is planned, remove ~500mg, then tightly seal the container before wrapping it in aluminium foil (to protect it from the light) and store it in a cool place. The refrigerator (~4°C is fine).

Method 2 (Courtesy of Alan Davies)

An alternative strategy is to wrap the sample (minus 500mg if testing is planned) in aluminium foil, and place the package in a metallized Mylar (PET) bag. The bag is then vacuum sealed using a home vacuum food storage unit (eg. a Foodsaver vacuum sealer) sold at stores such as Amazon, Argos or Walmart.

http://www.foodsaver.com/vacuum-sealers/counter-top-vacuum-sealers/

Fig 18.6

10gm of powder in foil

Powder wrapped in foil

Place in Mylar storage bag

Silica Gel moisture absorbing sachet

O^2 absorbing sachet

Place the vacuum sealed Mylar bag inside a PE 'Food Saver' bag

Above: Vacuum seal the Mylar bag inside a plastic PE bag along with moisture and oxygen absorbing sachets

Right: The finished package ready for storage

Pint size Mylar bags (10cm x16cm or 4"x6") are ideal and provide ideal oxygen and moisture protection for the sample. The sealed Mylar bag is itself then vacuum packed inside a standard polyethylene food serve bag (Quart size,~20cm x 30cm or 8"x 12"), along with moisture (silica gel) and oxygen absorbing sachets. The finished sample is small and can then be conveniently stored in a cool place (< 20°C).

It will be obvious if the seal is broken as the package will become pliable, at which point the outer vacuum package can be replaced.

Note: Extracting all the air from Mylar bags before heat-sealing can sometimes prove difficult because of the smooth finish of the bag. A solution to this is shown on YouTube:

http://www.youtube.com/watch?v=r9dzaeC0hG0

Note: Moisture and oxygen-absorbing sachets and Mylar bags are available at a small cost on the Internet.

See: *https://www.usaemergencysupply.com/*

Note: It has been suggested that metoclopramide anti-emetic tablets can be vacuum-sealed along with the sachets of Nembutal powder. However, it is not clear if the shelf life of the anti-emetic would be increased with this storage method.

The Storage of Liquid Nembutal

Veterinary liquid comes in sealed, sterile glass 100ml bottles. It is best not to disturb the seal on the bottle until it is needed.

Do not break the seal or decant the liquid into another container as this will expose the drug to the air. Store the original bottles in a cool dark place. Refrigeration is fine, but do not freeze as the bottle can break.

The liquid should be clear and colourless. Any coloration or precipitation of the liquid means that further testing and assay will be required.

Note about Nembutal capsules, tablets and long term storage

Note: Pharmaceutical grade Nembutal capsules or tablets are no longer produced. Those who have access to these drugs and are planning their use, should be aware that because of their age, these drugs are likely to have deteriorated, and should be tested.

Note: Previous editions of *The Peaceful Pill eHandbook* outlined a method of long-term storage that involved the conversion of the salt (sodium pentobarbital, CAS No 57-33-0) to the free acid (pentabarbital CAS No 76-74-4).

However, the success of long-term, vacuum-packing of the soluble salt has made this process unnecessary, and it has now been removed from the *eHandbook*.

Administration of Nembutal

Introduction

It is straight forward to take Nembutal for the purpose of a peaceful and reliable death. This is one of the reasons that it is Nembutal that is the drug of choice in places where assisted suicide and voluntary euthanasia are lawful.

Things to Consider

Powder Nembutal makes a clear liquid

When a person decides to die, 10 or more gm of powdered Nembutal is placed in a glass, and then about 50ml of cold water is added. The powder should be stirred until it is fully dissolved. The liquid in the glass will be clear.

Breaking the seal of Liquid Nembutal

In the case of veterinary liquid, the bottle is opened by breaking the seal and pouring all the contents (100ml) into a clean glass.

Note, these bottles are tightly sealed and the liquid inside is sterile. Breaking the seal can sometimes be difficult especially if vision is poor, or if you have arthritis in your hands. One method of opening the bottle is shown in the accompanying video 'Opening a bottle of Nembutal' (in this Chapter).

Fig 19.1: The bottle of Nembutal & plastic cup as used at Dr John Elliott's assisted death at Dignitas in 2007

Anti-emetics

In places where assisted dying is legal, Nembutal is invariably taken with a separate anti-emetic (anti-vomiting) drug. The anti-emetic will be taken as stipulated either for two days prior to the chosen night. Alternatively it can be taken as a single 'stat dose' around 40 minutes before the Nembutal is to be taken (see Chapter 9 for more explanation).

Eating something light

Have something light to eat so your stomach is not empty is generally considered a good idea. The chance of reflex vomiting brought on by drinking the bitter Nembutal liquid is reduced if there is something in the stomach. This should not be a significant meal that will slow the absorption of the drug. Something light is preferable, like tea and toast, an hour or so before taking the drug.

A Safe Environment

An important consideration will be a peaceful, safe environment where one will not be disturbed. Usually this is best achieved at night.

Drinking Alcohol after the Nembutal

The liquid in the glass can be drunk quickly in 2 or 3 swallows, and then followed by some alcohol, usually spirits or liqueur. Although not essential, alcohol is recommended as it alleviates the bitter Nembutal after-taste, and will speed the drug's action.

Mixing Nembutal with Something Else to take away the Bitter Taste

It is always better to take one's Nembutal straight. The likely result of mixing the Nembutal with something else (eg. yogurt) is the creation of a greater volume of an equally unpalatable substance. Furthermore, using a spoon to consume the drug, rather than drinking it, can mean a longer time to ingest the 100ml.

Exit has received reports of people falling asleep before all of the drug is consumed. This is dangerous. It is best to drink the 100ml in a few swallows, then drink alcohol.

How the Nembutal Takes Effect

The drug is absorbed from the stomach, and as the level in the blood rises, some crosses the blood-brain barrier and effects the part of the brain that controls sleep.

Within a few minutes of taking the drink the person falls into a deep sleep, quite often in mid-sentence when talking to family and friends!

As the level of drug in the bloodstream rises, more moves into the brain and sleep becomes deeper and deeper. At this point, another area of the brain is effected; that which controls the rate of breathing. The person's breathing slows, and eventually stops altogether.

With no oxygen entering the lungs, the person dies of 'respiratory arrest', where there is not enough oxygen in the circulating blood to maintain brain function. Lastly, the heart stops beating. Rarely is there any bladder or bowel motion.

It is the most peaceful of deaths to witness. With Nembutal, you always die in your sleep.

A Lethal Dose of Nembutal

While there are several florid accounts of failure by people taking a full 100ml bottle of veterinary Nembutal, closer scrutiny shows a much more complex situation. Exit has examined the details and medical records of several such cases.

In the vast majority of cases, one bottle (100ml @ 60mg/ml) of veterinary Nembutal will always be satisfactory and lead to a peaceful death, usually in ~1 - 2 hours. However, there is a small group (estimated at <1%) who may exhibit a prolonged comatose phase before death (sometimes up to 24 hours). Outright 'failures' remain extremely rare. Indeed, all of the reported failures investigated by Exit were associated with early discovery and subsequent medical intervention. This emphasizes the need for careful selection of the place of death.

In some of the analyzed cases, the long comatose phase was associated with the prolonged use of anti-psychotic medication or chronic heavy alcohol use, prior to taking the barbiturate. It is presumed the induction of liver enzymes by these drugs

causes increased degradation of the Nembutal, lowering the concentration in the brain. In these situations, increasing the quantity of drug taken (eg. to 2 bottles, 12gm) may not necessarily hasten the death.

Exit has examined the use of several potentiating drugs which may be dissolved into the liquid Nembutal, removing any possibility of extended coma. The most useful, Dilantin, (phenytoin sodium) is discussed in this Chapter.

Available Forms of Nembutal

As discussed in the previous Chapter, Nembutal is available as both a liquid and a powder. Reagent-grade sodium pentobarbital powder is available from Chinese manufacturers (Fig 19.4)

Sterile, veterinary liquid is most often found in South America. For over a decade, this form of Nembutal has been the most common form used for a peaceful death. (Fig 19.2). Very occasionally, pharmaceutical-grade Nembutal tablets or capsules, originally prescribed as sleeping medication, are obtained although this is uncommon. (Fig 19.3)

Reagent-grade Nembutal is marketed as a white crystalline powder which readily absorbs moisture and is very soluble in water. It is non-sterile and often packaged in small, sealed screw-top plastic containers or loose in plastic sachets. Most people ordering the drug from China (see the previous Chapter) receive 25gm as flat-packed loose powder or in screw-top containers (see Fig 19.4). Note that 25gm is more than enough of the drug to provide a peaceful death for 2 - 3 people.

Fig 19.2: Sealed veterinary Nembutal

Fig 19.3: Pharmeceutical Nembutal tablets

Fig 19.4: 2 x 12.5gm screw top containers of Chinese powdered sodium pentobarbitol

Video: ***Up Close: A Bottle of Anestesal (Nembutal)***

In contrast, the veterinary liquid form of the drug is designed for intravenous administration in animals to provide anaesthesia for surgery. It is marketed as a sterile clear liquid with a concentration of 60 mg/ml of sodium pentobarbital in alkaline buffered solution with 10% ethyl (or methyl) alcohol and ethylene glycol. The usual packaging is a glass 100ml bottle (clear or tinted glass), sealed with a rubber stopper and metal seal.

Pharmaceutical-grade Nembutal tablets or capsules are normally supplied in a screw top plastic container, showing a date of manufacture of more than 20 years ago, usually long past their expiry date.

Interaction with Other Drugs

Those who take Nembutal for a peaceful death are often taking other drugs due to their illness. When approaching the chosen day to take the Nembutal, an often-asked question is whether any inter-current medications should cease.

There are only a few drugs that are known to interfere with the action of Nembutal. There is generally no need to cease taking other drugs in the preceding days. Nevertheless, it is common practice for those planning their death to cease all but the essential medication in the week before their planned exit.

Chronic heavy alcohol use, for example, can lead to cross-tolerance and may impair the action of the barbiturate. In rare cases, taking another barbiturate, such as the anti-convulsant phenobarb, can lead to the development of a barbiturate-tolerance. In these cases, a larger dose of the Nembutal (12gm powder or 2 x 100ml bottles) would be advised.

Video: ***Opening a bottle of Nembutal***

Video: ***Using Phenytoin***

Some drugs enhance the effect of the Nembutal and can even be employed for that specific purpose. An example is the anti-convulsant Dilantin (phenytoin sodium Fig 19.5).

Dilantin is useful as the drug dissolves in water forming an alkali solution which is compatible with the liquid Nembutal. Nembutal of uncertain quality can have its potency enhanced by dissolving 1- 2gm of phenytoin sodium in the solution before drinking. This process is shown in the accompanying video 'Making Nembutal even more effective'. Although Dilantin is a drug that is usually only available on prescription, it is relatively easily obtained through Internet mailing sources. It is not a drug of interest to the authorities.

Fig 19.5: Dilantin 100mg capsules

Other Useful Barbiturates

Two other barbiturates that still find wide (although decreasing) use in medicine can also be usefully employed for a peaceful death. These are the anti-convulsant Phenobarbital, and the anaesthetic induction agent, Pentothal.

Phenobarbital

As discussed in earlier, *Pheno*barbital and *Pento*barbital are drugs that are often confused because of the similarity of their names. Although both are barbiturates, pentobarbital sodium (Nembutal) is the fast-acting soluble salt. This is the euthanasia drug of choice in all countries that allow assisted suicide

and voluntary euthanasia. Phenobarb is a different drug. In its usual form, phenobarb is a slow-acting anti-convulsant, prescribed when there is a risk of convulsions (eg. brain trauma etc).

Fig 19.6: 30mg tablets of Phenobarbitone

Some people will have access to phenobarb, either from their own doctor or from overseas pharmaceutical suppliers. A drink of 10gm (~ 250 of the white 30mg tablets shown in Fig 19.6) crushed and mixed with water will be lethal.

Note: There is no rapid loss of consciousness, as in the case of Nembutal. The time to death using phenobarbitone can be several hours. If one is found before death, resuscitation is very possible.

Phenobarb can, however, be made more effective by raising the pH of the solution of the crushed tablets. This is done using Sodium Carbonate to convert the Phenobarbital to the more readily-absorbed sodium phenobarbital. If available, 1gm of Dilantin can be added to this drink with good effect.

To reduce the time from taking the drink to loss of consciousness, a second drink made from a benzodiazepam sleeping drug is recommended (eg, Serapax, oxazepam or Mogadon, nitrazepam). Again, alcohol can be an effective supplement.

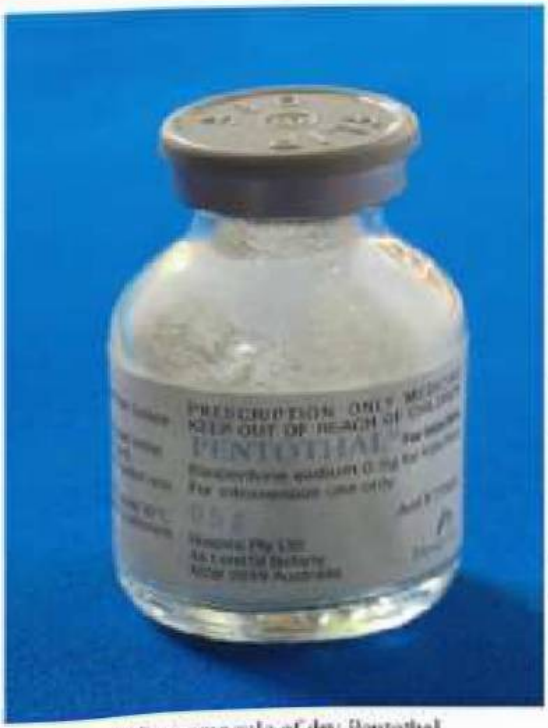
Pentothal (thiopentone sodium)

For many years, Pentothal was the main intravenous induction agent used in anaesthesia. Its use has declined in recent years. When given intravenously, most patients are asked by the anaesthetist to count back from 10. Few get past 7 before consciousness is lost.

Note: This is the primary drug used in lethal injections in executions in the US. In November 2010, a worldwide shortage of the drug prompted the state of Oklahoma to investigate using Nembutal as an alternative.

See: *http://abcn.ws/dPu2Zr*

Pentothal is marketed as soluble thiopentone sodium powder in sterile ampoules. These are designed to be mixed with sterile water before being administered intravenously. The powder can be dissolved in water and taken orally with rapid effect. 10gm of the drug (the contents of 20 ampoules) dissolves rapidly in ~50ml of water, and if drunk leads to rapid loss of consciousness and death. Alcohol is a useful supplement.



500mg ampoule of dry Pentothal

The drug is controlled and restricted, but can occasionally be sourced from markets on the dark web

The photo below shows a small portable syringe driver set up to provide a lethal intravenous administration of this drug. Here the 50ml syringe is loaded with 10gm of pentobarbital, the dissolved contents of the 20 ampules shown in the photo.

Exit has tested the vacuum-packing of 10gm of dry sodium pentothal powder mixed with 1gm of phenytoin sodium. This can be easily transported and stored. Reconstitution is then carried out by breaking the vacuum seal and dissolving the sachet of powder in ~50ml of water before drinking.

An Exit contributor's personal solution:
A spring powered assembly inspired by the original Deliverance machine.
An IV catheter needs to be correctly placed. Opening the line tap, bottom left, allows for the self administration of a lethal dose of thiopental

Conclusion

The barbiturates provide an individual with a reliable and peaceful means of electively ending their life with no need for medical involvement or assistance. Their long shelf life, easy administration, reliable and peaceful action, ensuring that the person who ingests the drug will die in their sleep, are all points that make this class of drug the premier euthanasia agents.

The problem for those seeking to use these drugs is the problem of availability. All are heavily restricted and legal penalties apply for those seeking to import or possess the drugs. Nevertheless many will make use of the information provided in this Handbook to source and possibly use the premier barbiturate Nembutal.

The possession of this drug, tested for purity and well stored gives people absolute control. You, and only you, make this most important

The Peaceful Pill Project

Introduction

The ongoing difficulties in obtaining the best euthanasia drug, Nembutal, saw Exit become involved in an ambitious research project - the synthesis of one's own 'Peaceful Pill'.

The Peaceful Pill Project ran for several years involving a diversity of Exit members. Many strategies were explored (and rejected) with some significant advances made. In this Chapter we detail this Exit research and discuss in more detail the use of the drug Nembutal for a peaceful death.

Developing a Peaceful Pill

The synthesis of a barbiturate-like pill, involves the acquisition of restricted and hard-to-get chemicals and the use of processes that are difficult and occasionally dangerous for the novice. Nevertheless, as the pathways become established and simplified, safer processes are developed and recorded. An outline of the steps required for barbiturate synthesis and assay are described and illustrated where possible with video.

The Nicky Finn

The Mickey Finn

Exit's first trials of the home-made Peaceful Pill – the 'Nicky Finn' - were completed in 2004. Named after the famous Micky Finn drink of the Lone Star Saloon in Chicago in the early 1900s, Exit's Nicky Finn was made from alcohol and nicotine.

Manufactured by chlorinating alcohol and combining this chloral hydrate with pure nicotine, the Nicky Finn should prove highly effective and highly lethal when taken as a drink. Although synthesis was straightforward, the difficulty in testing this untried product left questions about this strategy unanswered.

Changing Focus

A group of intrepid Exit International members launched the 'Peanut Project' in early 2005. Named after an old-fashioned street term for barbiturate (Peanuts), the Peanut Project brought together a group of elderly people to create their own barbiturate. Could they synthesise Nembutal?

How could they make something that:

- they could take orally
- could be manufactured without outside assistance
- would provide a peaceful and dignified death
- would be reliable with negligible risk of failure.

The first Workshop was held at the remote country property of former Australian Attorney General, Kep Enderby QC. The average age of participants was 80 years, although some were in their 90s. Several who participated were seriously ill.

Legal Issues

Setting out to manufacture one's own barbiturate Peaceful Pill exposes those involved to significant legal risk with jail and fines of up to half a million dollars. In most western countries there are myriad laws that make it an offence to manufacture, possess, sell, supply and import certain narcotic and psychotropic drugs.

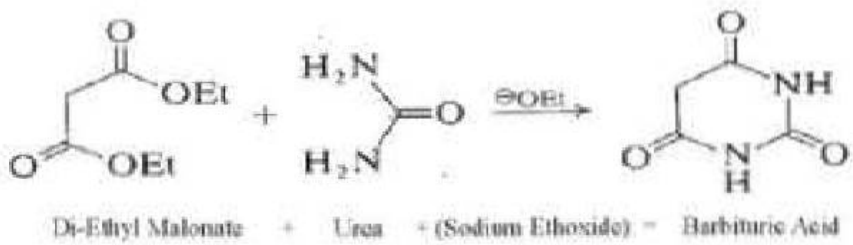
Penalties depend upon the amount of the drug involved, but usually range from two years jail and a fine, to life imprisonment. In the Peanut Project, there was another additional legal question. If one member of the group ever died using the substance the group had collectively made, would the remaining members be guilty of having assisted with that person's suicide?

It was stated clearly at the start, that no one in the initial group would make more than they needed for themselves. No one was making a Pill for someone else, and no one would sell any of the substance manufactured. Finally, no one would acquire more than 10gm of the manufactured barbiturate (the common lethal dose). Any excess would be destroyed.

The Chemistry

The processes used for the barbiturate Peaceful Pill synthesis have been known for many years. Barbiturates are derivatives of barbituric acid. This was first synthesized by Adolph von Bayer in 1864, by condensing malonic acid with urea.

An easier method makes use of the di-ethyl ester of malonic acid (di-ethyl malonate) which reacts with urea in the presence of a catalyst sodium ethoxide; a base is formed by dissolving metallic sodium in absolute alcohol (ethanol).



This synthesis is depicted above.

The reaction takes place under reflux for a number of hours at 110°C. Crystals of barbituric acid are obtained by acidifying the reaction mixture, then filtering and cooling the filtrate. Barbituric acid, however, has no physiological activity. The process needs to be taken further to develop a barbiturate that can peacefully end life. The sedative, hypnotic, and anaesthetic properties of the barbiturates are determined by the characteristics of two additional side-arms (or side-chains) attached to the barbituric acid molecule.

Video: ***Exit and the Synthesis of Nembutal***
(The Single Shot Project)

Video: ***The First Attempt at a Peaceful Pill***
(The Peanut Project)

The di-substituted barbiturates of particular interest are amylobarbital (Amytal) and pentobarbital (Nembutal). The process of adding side-arms (di-substitution) needs to be undertaken before the condensation of the malonate and urea.

In Amytal, the two alkyl side arms are (a) ethyl, introduced as ethyl-bromide and (b) 3-methylbutyl, introduced as 1-bromo-3-methylbutane. In Nembutal, the two alkyl side-arms are (a) ethyl, introduced as ethyl-bromide and (b) 1-methylbutyl, produced from 2-bromopentane. In both substitution reactions the malonate is heated, either in a closed pressure system (autoclave) or under reflux first with one and then the second alkyl bromide. In both reactions sodium ethoxide is used as the catalyst.

The final step in the production of sodium pentobarbital or sodium amylobarbital is heating of the resultant di-substituted malonate with dry urea in an autoclave or under reflux for another 12 hours. This is again done in the presence of dry alcohol and sodium. Excess alcohol is removed by distillation and the residue - predominantly sodium pentobarbital, or sodium amylobarbital - is dissolved in water to form the Peaceful Pill.

In all of the di-substitution reactions and in the condensation with urea, it is essential that there be absolutely no water present. Care must be taken to ensure no atmospheric moisture reaches the autoclave or reactor vessel. All substances used must be dry. In particular, the alcohol used in the production of the sodium ethoxide needs to be as dry as possible (super dry).

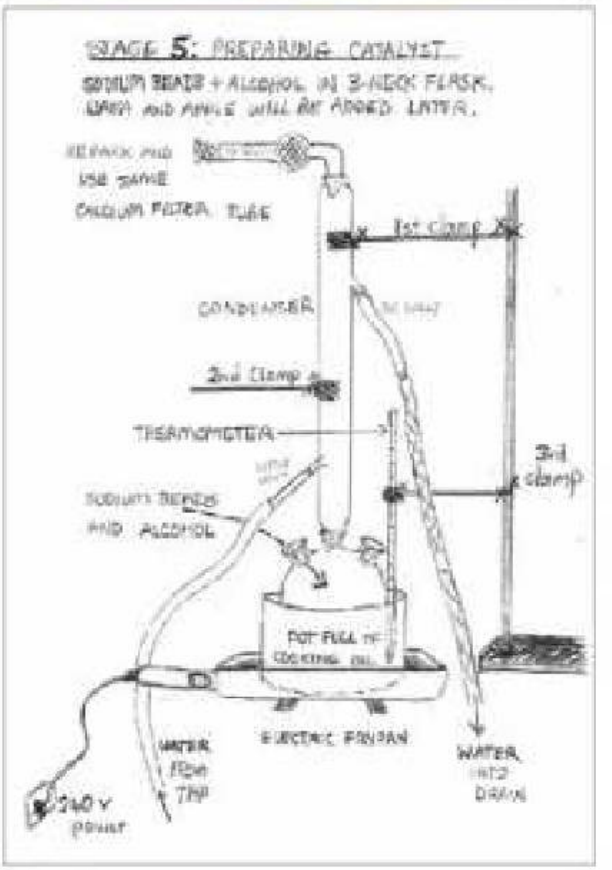
Equipment

In the original project, the period of prolonged reflux was carried out using a two-litre glass reaction vessel with three Quickfit taper necks (24/29), fitted with an efficient double surface condenser (Fig 20.1). A heating mantle and a means of stirring the mixture and monitoring the temperature were also required. To protect the reacting substances from atmospheric moisture, calcium chloride guard tubes were used. To remove excess alcohol in the final stage, the double-surface condenser was attached to the reactor vessel by means of a distillation head. The alcohol that was distilled was collected in a glass receiving vessel that was also fitted with a calcium chloride guard tube (Fig 20.4). An accurate chemical balance, capable of measuring to 0.1g, was required to weigh out the necessary reactants.

In the subsequent 'Single Shot' project, a specialised stainless steel pressurised reaction vessel (autoclave) was employed. This replaced the glassware and the reflux condenser. This sealed stainless steel vessel (autoclave) allowed the reaction to take place under pressure, shortened reaction time and reduced the problem of contamination from atmospheric moisture (Fig 20.2). Pressure was read directly from the gauge with the temperature in the reaction vessel read via a thermocouple (with an infrared thermometer used as backup).

To remove the substituted malonates from the reaction vessel a condenser was employed. This was made from stainless steel tubing surrounded by a water jacket. Connected to a receiving vessel of stainless steel this was then vented using a calcium chloride guard tube and placed under reduced pressure in the distillation process using a water tap vacuum attachment.

Fig 20.1: Reflux system used for barbiturate synthesis



The setup of the glassware for reflux used is shown in Fig 20.1. Note: the presence of the guard tube on the top of the reflux condenser. The distillation setup is shown in Fig 20.3.

The single shot equipment is shown in Fig 20.2. The distillation set-up shown in Fig 20.3

Special Dangers

As with all chemical processes, care and attention to detail was needed at all times. The equipment was clean and dry before use. Many of the liquids used in the synthesis were flammable and naked flames were not used. Heating of the reaction vessel was by way of an electric hotplate. The most dangerous substances used in the process were metallic sodium and the strongly basic intermediary sodium ethoxide. Standard organic chemistry texts (eg. Solomons & Fryhle, 2004) spell out the dangers of handling these substances.

CAUTION: Sodium must be handled with great care and under no circumstances should the metal be allowed to come into contact with water as an explosion and fire may result. Sodium is stored under paraffin or xylene and should only be handled with tongs or tweezers, not with fingers.

Small waste or scrap pieces of sodium can be disposed of by placing them in a bottle containing large quantities of methylated spirits.

The commercial sodium is covered with a non-metallic crust. A sodium press can be constructed to remove this and produce clean sodium wire for the reaction vessel. See 'Betty cooks with Sodium').

Fig 20.2 (above): The 'Single Shot' Autovelave
A: Pressure Gauge
B: Distillation coupling
C: Pressure coupling
D: Pressure safety valve
E: Heat + Stirring
F: Thermocouple
G: IR thermometer patch

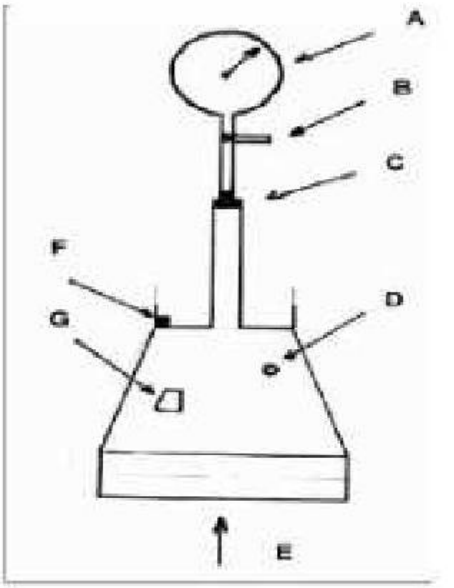


Fig 20.3 (below): Vacuum distillation setup
A: Autoclave
B: Heat + Stirring
C: Condenser water jacket
D: Calcium chloride guard tube
E: Vacuum line
F: Collection vessel

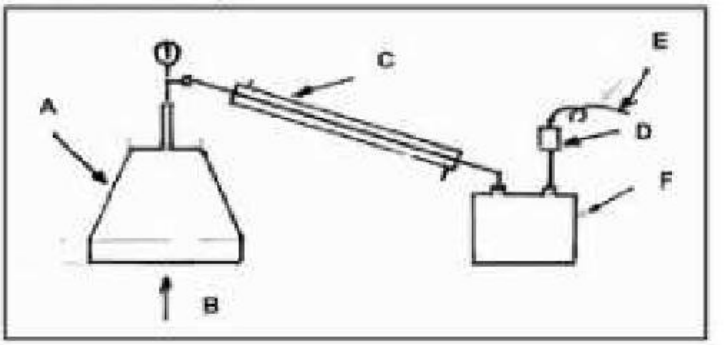
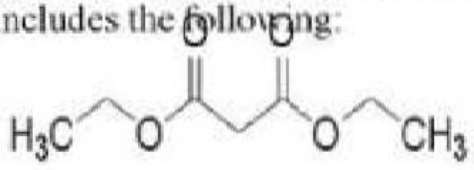


Fig 20.4: Autoclave pressure head

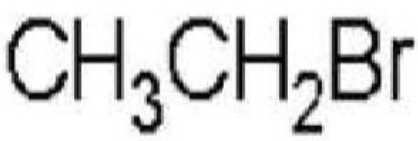
Precursors

The list of necessary precursors (with their Chemical Abstract Service number, 'CAS No.') includes the following:

Di-ethyl malonate
CAS No: 105-53-3

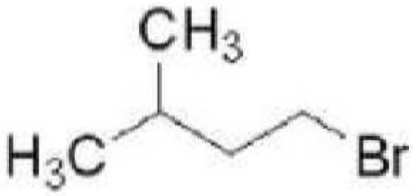


Alkyl sidechains:

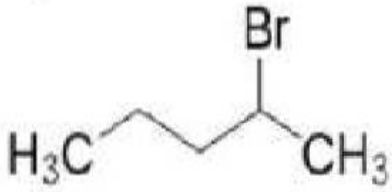


a) Ethyl bromide
CAS No: 74-96-4

and



b) 1-bromo-3-methylbutane
CAS No: 107-82-4
or
c) 2 Bromo-pentane
CAS No: 107-81-3

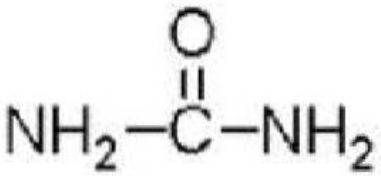


Catalyst
Sodium ethoxide
CAS No: 141-52-6

or

Sodium metal
CAS No: 7440-23-5
&
Absolute alcohol
CAS No: 64-17-5

Urea
CAS No: 57-13-6



Video: *The Future of the Peaceful Pill Project*

Video: *Why can't a larger quantity of the drug be made?*

None of the chemicals required are subject to specific government restriction. Application to a reputable chemical supplier for ethyl malonate and the chosen side-chain alkyl bromides is generally successful provided one can detail a legitimate purpose in the required end-user statement. Some endeavour may be required to obtain the sodium metal and dry ethyl alcohol. Alternatively, the catalyst sodium ethoxide can be purchased.

Authors' note - the chemicals required to make a Peaceful Pill may be classified as 'precursors' for the synthesis of a restricted substance. Possession of significant quantities of these items may be an indictable offence and could result in significant penalties.

Acquiring Necessary Equipment

Laboratory glassware is becoming increasingly hard to obtain. This is a reaction on the part of the authorities to the existence of clandestine laboratories that manufacture illegal drugs (predominantly amphetamines) for commercial gain. The award-winning TV series 'Breaking Bad' is an excellent example of what can occur in the dark underworld of blackmarket drugs. Some of the chemical techniques used in the synthesis of a Peaceful Pill are the same as those used to make illicit drugs.

The synthesis in Exit's projects required a prolonged period of reflux (Fig 20.1). A glass reaction vessel with 3 Quickfit taper necks (24/29), fitted with an efficient double surface condenser was needed. A heating mantle and a means of stirring the mixture and monitoring the temperature were also used. To protect the reacting substances from atmospheric moisture calcium chloride guard tubes are needed. The double surface condenser can be

Video: ***The Nature of Research & Development***

Video: ***Obtaining Nembutal in a Hurry***

Fig 20.5: Glass distillation system

Fig 20.6: Single Shot on *YouTube*

attached to the reactor vessel by means of a distillation head. A glass receiving vessel, fitted with a calcium chloride guard tube, is needed to collect the distillate (Fig 20.5).

An accurate chemical balance capable of measuring to 0.1g is required in order to weigh out the necessary reactants.

Distributors of this specialized glassware (eg. reaction vessels with Quickfit necks, double-surface condensers, distillation heads, guard tubes etc) are often required to inform authorities of 'suspicious' purchases. For this reason it can be helpful to know someone who has access to laboratory glassware and glass-blowing skills.

The manufacture of specialised equipment in stainless steel avoids some of these difficulties. The stainless reaction autoclave used in the 'Single Shot' process has been adapted from a coffee pot. This method has since been modified as problems with the process were realized. The equipment now used consists of:

- a stainless steel pressure reactor vessel with pressure and temperature monitor and stirring facility
- a stainless condenser used for reflux and solvent extraction
- a stainless receiving container fitted with calcium chloride guard tubes

Stages in Barbiturate Synthesis

There are three basic steps in the synthesis of a barbiturate Peaceful Pill:

- Step 1: Attaching the first sidechain to the di-ethyl malonate
- Step 2: Attaching the second sidechain to the product of step 1
- Step 3: Condensing the di-substituted malonate with urea to form the required barbiturate

Looking at these steps in more detail

Step 1

In the case of the target barbiturates, Nembutal or Amytal, the first sidechain to be attached to the di-ethyl malonate is an ethyl halide, usually ethyl bromide is used. To form the mono-sustituted malonic ester, ethyl bromide is heated with the di-ethyl malonate in the presence of the required catalyst - the base, sodium ethoxide.

The catalyst may be purchased or made as part of the process. To make the required ethoxide add 5.7g of metallic sodium that has been cleaned by passing through a press - see 'Betty cooks with Sodium' - and 125ml of very dry alcohol.

Into this mixture of dry alcohol and sodium ethoxide add 38ml of di-ethyl malonate and 26g of bromoethane. Heat is applied and the mixture stirred using a magnetic stirrer. In an open system a reflux condenser must be fitted and a calcium chloride guard tube used to ensure no contamination by atmospheric moisture.

Note: Super Dry Alcohol

Alcohol (ethanol) of the required dryness can be made using methylated spirits as the starting point (95.6% alcohol). Absolute ethanol (>99.5%) is obtained by heating this under reflux with dry (recently fired) calcium oxide. To significantly improve the yield in the synthesis of barbiturates, even dryer alcohol is required. To remove more of the water, thereby converting the 99.5% ethanol to 'super dry' alcohol (>99.8%), use 5gm of magnesium turnings with 0.5gm of iodine in a boiling vessel. Let the magnesium react with ~50ml of the 99.5% ethanol producing hydrogen and magnesium ethanolate. When all of the magnesium has been consumed, the remainder of the absolute alcohol is added, refluxed for 30 minutes, and distilled directly into the planned storage vessel. The resulting ethanol should be better than 99.95%. See the Video 'Making super dry alcohol'.

Step 2

Sodium ethoxide catalyst is again needed in the reaction vessel, and this time 47g of the monosubstituted ester from Step 1 is converted to a di-substituted ester by reflux (or reaction in an autoclave) with the second side chain. For the synthesis of Amytal, this second sidechain is 1-bromo-3 methylbutane. In the case of Nembutal, it is 2-bromopentane, in each case 38g is required.

At the end of this stage the di-substituted malonate is removed again by vacuum distillation. This is 3-methyl-butyl-ethyl malonic ester in the case of Amytal synthesis; 1-methyl butyl-ethyl malonic ester if Nembutal is being manufactured.

Step 3

Sodium ethoxide is again needed in the reaction vessel. For this final step 58g of the di-substituted malonate from step 2 is allowed to react with 15g of dry urea that has been dissolved in hot dry alcohol. The mixture is stirred and heated under reflux. After 4 hours, the excess alcohol is boiled off and the residue dissolved in water and acidified (with dilute hydrochloric acid) to precipitate the insoluble barbiturate crystals which can be washed and dried.

Testing the Product

As with any home-made product, careful testing is necessary. Full reassurance can only come from detailed, quantitative analysis using gas chromatography and mass spectroscopy (GC-MS).

Exit took possession of this necessary equipment in 2008. Apart from the ability to test the products of home synthesis, the equipment is useful in verifying the veracity of old stocks of prescribed barbiturate sleeping tablets, or samples of veterinary Nembutal that have been purchased from dubious sources or have long past their quoted shelf life.

Finally, the Exit Barbiturate Test Kit can be used to demonstrate the presence of synthesized barbiturate. In addition, the purity of dried barbiturate crystals can be tested using a glass capillary in an oil bath. For Nembutal, the melting point should be 129°C. Detailed instructions on the use of the Nembutal melting point test are provided in Chapter 18.

Fig 20.6: Vials of barbiturate solution for assay using gas chromotography

Legal comment

In the US, manufacturing a controlled substance is subject to state law unless the act is committed on federal property or if the interception is made by a federal agent. This means that the penalty that applies varies according to the jurisdiction. Take California for example. The minimum penalty for the manufacture of a controlled substance is three to seven years imprisonment and a fine of up to $50,000.

The manufacture of Nembutal is unlawful in many countries. The penalty for manufacture or production of a prohibited drug in Australia varies depending on the State. For example, in New South Wales the maximum penalty for producing more than 10gms but under 50gms is $220,000 and 15 years imprisonment.

In the UK, production of a Class B controlled drug brings a maximum penalty of 14 years imprisonment.

The Korean Method

- Introduction
- Physiology of the Method
- The 3D-printed Korean Collar
- Inflatable Korean Collar
- Location of Baroreceptors
- Application of Pressure
- Potentiating the Process
- Difficulties and Risks
- Summary
- The RPA Test

Introduction

A method to end one's life in a reliable and peaceful way that requires no access to drugs, gases or specialist equipment has been considered impossible, but reports persist of people being able to achieve this. It has long been recognised that this could be important, especially for people living in extremely restrictive situations, or under close surveillance. Examples include the elderly with limited resources and/or mobility who are confined to nursing homes, those incarcerated in psychiatric or correctional institutions with little or no hope of release, or perhaps people engaged in espionage, and who find themselves captured and about to be interrogated.

Black Venus - Park Chee-soo

In such situations efforts are often made to 'suicide proof' the areas of confinement so that there can close observation, and certainly no access to drugs, gases or poisons or mechanical and structural modifications such as hanging points etc.

So, is it possible? Can one end one's life reliably and while under such conditions of confinement and surveillance? This chapter describes one possible, useful method. It is technique-dependent, and requires practice and skill, but it can be learnt. And in certain circumstances, it may prove extremely useful.

South Korean spy, Park Chae-seo (aka Black Venus), referred to the method in question in a rare media interview. He commented that as an espionage agent working in dangerous environments where detection would lead to certain torture and execution, agents like him no longer carried 'suicide pills': substances like sodium cyanide that could be quickly taken and would rapidly cause death if needed.

The prime characteristic of a suicide pill in the context of espionage has always been its ability to be carried as a concealed item: small in volume, fast in action on ingestion and, preferably, with no available antidote. While 'reliability' was an important consideration, 'peacefulness' was not! Park, however, claimed in his interview that no such pill was carried. Rather that agents like him were taught to 'kill themselves with their own fingers.'

Media report, 5 September 2018

The Method

The method in question involves a rapid reduction in oxygen supply to the brain (cerebral hypoxia) by simultaneously

- activating the carotid baroreceptors in the neck
- direct stimulation of the vagus nerves,
- restricting the carotid arteries

Carotid restriction is achieved by applying bilateral pressure onto the location in the neck where the two carotid arteries (L & R) that take blood to the brain, divide into the internal and external carotid arteries.

At this point the carotid vessels are surrounded by the fibrous carotid sheath, which also contains the main blood-returning vessel (internal jugular vein) and the important vagus nerve.

The 'carotid bifurcation' is where the important pressure sensing baroreceptor/ carotid sinus is located. This sensor monitors blood pressure in the arterial blood to the brain, and by feedback through the nervous system, controls the cardiac output of the heart. The nerves involved are the 'glossopharyngeal and vagus' nerves and sympathetic system.

A sudden activation of the baroreceptor, or direct stimulation of the vagus nerve can even result in 'asystole', where the heart stops beating.

Pressure on the carotid-bifurcation has several important effects:

1. The constriction of the artery by mechanical pressure impairs blood flow and, therefore, the oxygen supply to the brain.

Video: The Korean Method

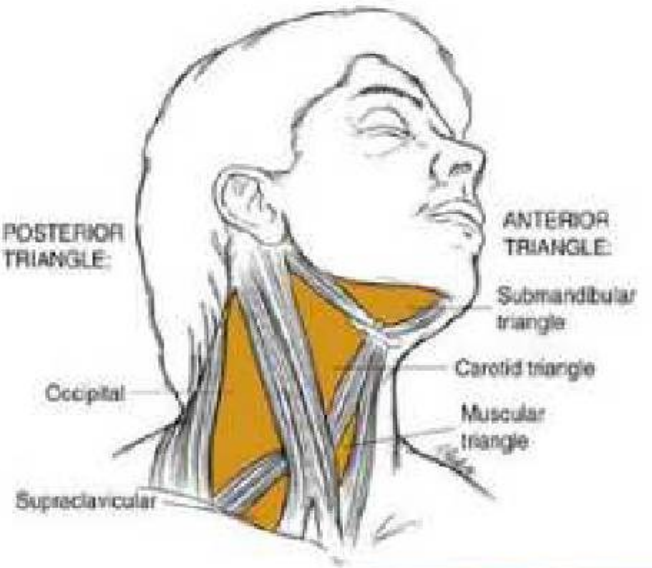
Video: *Fatal Faint* by Ruth von Fuchs

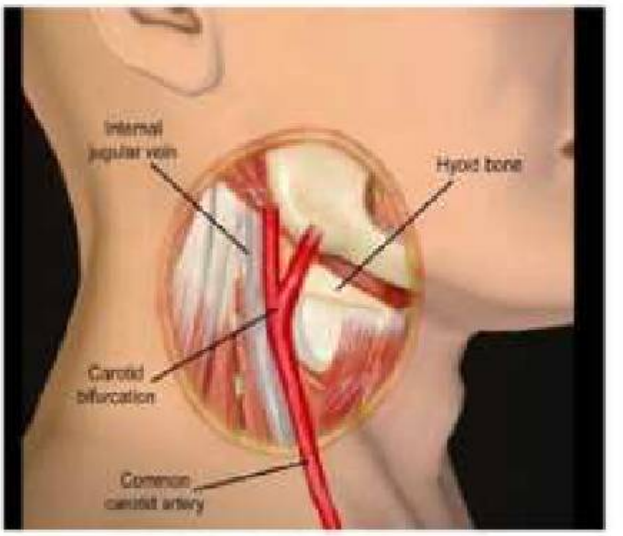
2. Activation of the pressure sensor located at this point results in restriction of cardiac output and lowering of blood pressure. This further reduces the blood supply and essential oxygen to the brain.
3. Pressure on the vagus nerve can further restrict blood flow to the brain by having a direct effect on the cardiac pacemaker that controls one's heart rate.
4. Pressure in this region also restricts blood returning from the brain through the jugular veins. A reduction in returning blood to the heart, leads to a corresponding decrease in cardiac output, further reducing the brain's oxygen supply.

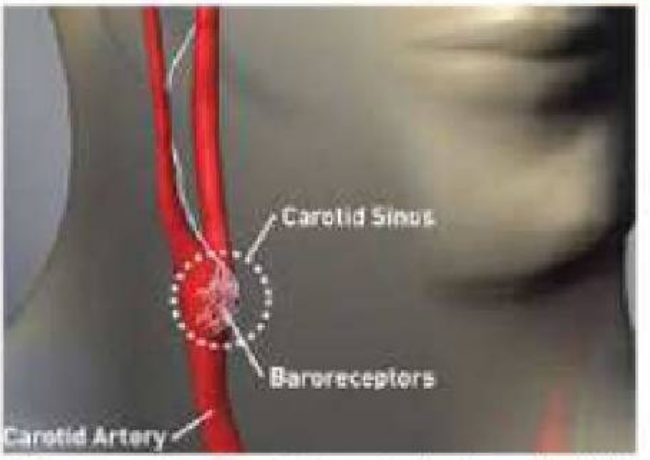
There is some debate about which of these compounding mechanisms is most important, but the effect is the same. With inadequate cerebral blood flow, there is a rapid loss of consciousness within seconds and, if maintained, a peaceful death will occur. The exact time will depend on the reduction in cardiac output and the degree of carotid occlusion. Clearly, with asystole, death will take only a few minutes.

Note: This technique produces no restriction of airflow into the lungs (no sensation of strangulation). The trachea requires a much greater pressure to restrict air flow. Strangulation, where airflow to the lungs is restricted, also results in death through cerebral hypoxia. This process is much slower as the oxygen reserves in the lungs need to be exhausted. This is NOT a peaceful death.

There have been a number of strategies used to bring about death by carotid occlusion. These include rope nooses that tighten by applying body weight (partial hanging or 'partial' as it is often called). The goal here is to constrict the neck sufficiently to 'occlude' the carotid arteries, but not to apply so great a pressure as to compress the trachea/ windpipe. This is achievable.







Diagrams showing the location in the neck of the carotid triangle, cartid sinus, baroreceptors, jugular vein and vagus nerve

Pressure in the arterial system is ~ 120 mm/ Hg (2.5 psi) and a much greater pressure (1000 mm/ Hg is required to compress/ collapse the trachea).

Similarly, neck tourniquets have been suggested. Here, a fixed non-elastic neck band is tightened (eg. by twisting a spoon inserted into the noose). The goal is to tighten the noose just enough to restrict carotid flow. The use of a ratchet tie-down tourniquet has been described by Chris Docker in *Five Last Acts*.

The problem with these strategies, is that pressure is not being selectively applied to the baroreceptors, and the pressure application is invariably slow and less likely to trigger a reduction in cardiac output.

Nevertheless, with sufficient pressure, it is possible to restrict carotid blood flow *enough* to peacefully end one's life this way.

To speed the method, while providing a better level of comfort, methods that specifically apply pressure to the baroreceptors have been developed. At the 2018 NuTech conference in Cape Town, Canadian activist, Ruth von Fuchs, presented her 'Fatal Faint' collar.

Canadian activist, Ruth von Fuch's 'Fatal Faint' collar

Ruth marks the location of the baroreceptors, then applies a velcro band around the neck with hard objects (she suggested two cut potato pieces!) positioned over the marked baroreceptor locations to apply the pressure and initiate the 'fatal faint' (Her NuTech video presentation is included in this Chapter.)

Another device designed to provide the required pressure and which is circulated on the Internet is shown (right). This device allows pressure to be directed specifically onto the baroreceptors, while maintaining a free airway.

A tornequet adapted to apply carotid pressure while leaving the airway free

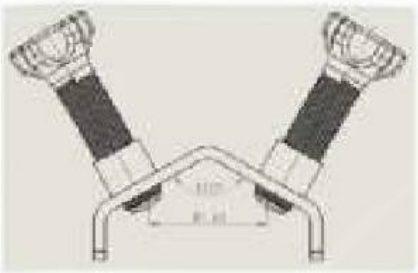
Pressure is slowly applied by tightening the two threaded pads. Note - this slow increase may not produce any baroreceptor effect on the heart.

3D-Printed Korean Collar

The availability of 3D-printing has led to innovations in creating one's own Korean collar. The collar's design plan is shown on the right. This was made available on the Internet in 2019 by a person using the name '2bearcolossus'.

The 3D-printed Korean Collar

Print files for the collar (male and female sizes) were downloaded. See www.aiinternational.net/docs/Korea3D and used to print the collar shown on the left. A velcro back-strap was added to allow the collar to be positioned comfortably around the neck.



Schematic diagrams of the 3D-printed collar showing how carotid pressure is applied

The mannequin below shows the collar with velcro backstrap. The pressure points from the two 'screws' are easily positioned to match the location in the neck of the carotid bifurcation. Pressure is applied by tightening both screws until the point when cerebral anoxia and loss of consciousness results.

Note - because the applied pressure can only be increased slowly, there is a risk that the desired baroreceptor cardiac effect may not be produced. (See the Peaceful Pill forums for more detailed discussion on the pros and cons of 3D-printing.)

The mannequin wears the 3D-printed Korean collar with velcro back-strap

Files for the printing of the male and femaile collars (SLT & SLDPRT), along with associated diagrams, are available at: *www.exitinternational.net/docs/Korea3D/*

Inflatable Korean Collar

Another innovative suggestion (also submitted to NuTech) makes use of two small (5 cm) inflatable bladders that are held in place over the baroreceptors by a thick velcro neck strap. Once firmly tightened in place, the bladders are rapidly inflated using the hand squeeze-pump of a blood pressure sphygmomanometer.

Air is rapidly pumped into both bladders via a 'T' junction and equal pressure is applied to both baroreceptors. The blood pressure manometer gauge allows the pressure to be observed and increased to around 150 mm/ Hg which is enough to occlude the carotid flow, activate the baro-response and bring about death.

A blood pressure (BP) manometer modified to apply carotid pressure

Location of the Baroreceptors

The carotid baroreceptors are located in the 'anterior triangle' of the neck, a region bounded by the midline of the neck, the angle of the jaw, and the front of the sternocleidomastoid muscle of the neck. This is the point in the neck where the left and right carotid arteries from the aorta, split (the 'carotid bifurcation') into the internal and external carotid vessels before continuing on their path to supply blood to the head (see diagrams previous pages).

To locate the left baroreceptor turn the head to the right, feel for the front of this muscle on the left and move the fingers forward at the height of the thyroid cartilage (Adam's apple).

Pressing in on this soft indentation will give the carotid pulse and the location of the baroreceptors. Mark this position on the skin so that pressure can be applied correctly.

Application of Pressure

Judo choke hold (*Las Vegas Review*)

Putting pressure onto the carotid arteries forms the basis of one of the common judo 'choke holds' (see the figure right). In Judo, the arm of a competitor (or assailant) is used as a 'V' to apply carotid pressure while leaving the person's breathing unimpaired. Correct application will lead to syncope/ fainting within a few seconds. But, clearly, this is not something one can do to oneself!

If one uses the thumb and forefingers of both hands placed over the carotid triangle and squeezing, fainting can occur. However, when one's hands are released (as will happen with fainting) there will be an immediate return of consciousness. In order for death to occur, the pressure needs be applied (preferably quickly) *and maintained*.

With a pneumatic device (the BP manometer), the pads can be positioned over the previously marked 'L' and 'R' locations on the neck. The velcro band is then firmly wrapped around the neck. A second velcro band can be added to ensure there is no dislodgement. The positioning is firm, but comfortable.

To bring about death, quickly pump-up the pads until the manometer pressure gauge reads ~ 150 mm/Hg. Dizziness, visual distortion and loss of consciousness will occur. If the pressure is released (before loss of consciousness) normal function will quickly return (with no ill effect).

Potentiating the Method

- Hyperventilation
- Valsalva manoeuver

Hyperventilation

If a person breathes rapidly and deeply for several minutes before applying baroreceptor pressure, this can serve to significantly accentuate the reduction in cerebral oxygen supply. This is because hyperventilation lowers the level of carbon dioxide in the blood which, in turn, results in a constriction of the blood vessels in the brain, limiting the availability of oxygen.

In addition, the resultant rise in pH of the blood ('respiratory alkalosis') acts on brainstem sensors. This reduces the normal breathing rate. Once the hyperventilation ceases, oxygen to the brain will be further reduced.

The Valsalva Manoeuver

A process where a person forcibly tries to breath out while closing the airway (throat and nose). This is the common procedure used to clear one's ears and restore hearing after ears are effected by pressure changes eg in an aeroplane or elevator.

By employing the Valsalva Manoeuver, just as the carotid pressure is applied, the increased pressure in the chest cavity will further restrict venous blood return to the heart. This will accentuate the effect of jugular vein obstruction, reduce cardiac output and further lower cerebral oxygen supply. The Manoeuver can be maintained until consciousness is lost.

Risks and Difficulties

There are several important factors that can affect the usefulness of this method. The technique is *critical*. The pressure points must be correctly identified, and the pressure applied correctly.

Practice (with a trusted friend) is recommended to ensure loss of consciousness can be reliably and consistently achieved. The simultaneous use of hyperventilation and the Valsalva Manoeuvre can be rehearsed (and perfected). The friend can release the pressure as soon as fainting occurs.

To ensure that there is absolutely no chance of failure some urge the simultaneous use of a plastic bag over the head and secured lightly around the neck before pressure to the baroreceptors is applied.

The Korean method can also be used in conjunction with nitrogen gas and the Exit bag. In this case, carotid pressure is applied, and then the Exit bag pulled down. Short of interference by paramedics or ambulance officers, survival is impossible.

Summary

The Korean Method draws together a number of known physiological responses in order to reduce cerebral blood perfusion and brain oxygen supply to a lethal level. By simultaneously initiating low cardiac output (by impairing venous blood return and neural control paths), restricting carotid blood supply to the brain, and initiating a simultaneous blood alkalosis, a perfect storm results in a peaceful, reliable elective death.

While Black Venus claimed to be able to kill himself with a fingers-only strategy, the ability to use only one's fingers to activate the baroreceptor response and bring about cardiac arrest is no mean feat.

Nevertheless, with simple devices that maintain pressure, causing carotid occlusion, neural activation and cardiac restriction, the ability to end one's life when confined or under close institutionalised surveillance does becomes possible.

Exit receives many emails and letter from people in precisely such situations. Some are serving life prison sentences with no hope of parole. Others such as 'Gladys' (94 years) are trapped in nursing homes, experiencing something the equivalent - in her eyes - of life without parole.

For those in such a closely monitored and restricted environment the Korean Method offers a reliable and peaceful release.

The Exit RPA (Reliability, Peacefulness & Availability) Test for the Korean Method

On the RPA test, the method scores relatively well, making it well worth a second look and, in certain circumstances, it may be a lifesaver (or, rather, the only life-ender available!).

Reliability depends on technique (and practice) and for this reason rating has been kept low at 6/10

Peacefulness is listed as 8/10. Devices that apply pressure specifically to the carotid sinus are more comfortable (peaceful) than the simple full tourniquet. Similarly, the easier the means of applying pressure, (eg. by inflation) the more peaceful.

The method is readily available. Rating 5/5.

Preparation is complex 1/5.

Undetectability can vary. Rapid pressure application and the removal of the strap leaves to few obvious signs. Slow partial carotid compression though is obvious. Rating 2/5.

Speed is good 5/5,

There is no risk to others 5/5 and storage is indefinite 5/5.

Total: 37 (or 74%)

**Note: The existing 'RP' test is currently being rewritten. The new 'RPA Test increases the importance of 'Availability' to 10 Points. This will significantly improve the rating of this method.*

Exit 'RPA' Test for the Korean Method

Criteria	Score
Reliability	***6/10***
Peacefulness	***8/10***
Availability	***5/5***
Preparation	***1/5***
Undetectability	***2/5***
Speed	***5/5***
Safety	***5/5***
Storage	***5/5***
Total	***37 (74%)***

COVID-19

- COVID-19 & its Impact on End of Life Options
- Description of a COVID-19 Pneumonic Death
- The Role of Ventilation: Passive & Active
- Modification of a CPAP Passive Ventilation Device
- Ways to Speed up an Unventilated COVID Death
- Advance Directives in the Post-COVID World
- The Post COVID RPA Rating Table

Introduction to COVID-19

In late 2019 a new Coronavirus emerged in China that produces an acute respiratory syndrome and lethal pneumonia in humans. While initially dismissed by many countries as a 'Chinese problem', it quickly became clear that this new virus, now named COVID-19, would spread rapidly and have a devastating effect around the world.

As the virus spread to Europe and North America in early 2020, countries scrambled to see what could be done to limit the mounting death toll. There was no easy solution without the development of effective anti-viral drugs or a vaccine. Initially, policies of containment, testing, travel restriction and social isolation were all that was available.

Many of the strategies detailed in this *eHandbook* have been affected by this new global disease. An updated 'RPA Table' (found in the final pages of the Chapter) provides a quick means of checking which of the methods discussed are affected by COVID-19. The 'post COVID-19' column of the Table is important reading.

As the virus spread, many people who were actively considering their end of life options viewed the risk of contracting COVID as a very real concern. In this context, questions arose about whether one's preferred methods would be as effective *in* the presence of a COVID-19 infection. Or, indeed, if there was the possibility of using the disease as part of an end of life process. This Chapter seeks to answer these questions.

A COVID-19 Pneumonic Death

As has been widely reported, many people who contract the COVID virus recover without experiencing any adverse symptoms. A somewhat larger group will experience symptoms consisting of a mild (or moderate) upper respiratory infection, dry cough, fever, headache and sore throat. This group generally recovers completely with bed rest and simple analgesics and anti-pyretics such as aspirin or paracetemol.

For some people, though, the COVID infection will not be contained and it will move to the lower respiratory tract where more serious complications may occur. When lung function becomes compromised, those infected can experience difficulty breathing and shortness of breath. Oxygen therapy in hospital is often required.

However, sometimes the lung damage becomes so severe that fluid exudate forms in the alveoli of the lungs, blood oxygen levels fall and respiration CO_2 (carbon dioxide) can no longer be removed from the blood. This life-threatening pneumonia can lead rapidly to death. Assisting lung function with active ventilation, usually carried out in an intensive care unit (ICU) in hospital, can buy time for recovery. But this doesn't always succeed. Death can result from respiratory failure or the failure of other essential organs.

Those most likely to develop these life-threatening COVID complications are the elderly, particularly males, and/ or those with 'pre-existing health conditions' (eg. those with immune compromise, diabetes and hypertension). This is the same demographic who is often seeking information on end of life choices and who are members of Exit. The type of death that one may expect from COVID-19 pneumonia is described below.

Although death from pneumonia is often referred to as 'the old person's friend', a death from a COVID pneumonia seems far from friendly. The original pneumonia reference comes from William Osler in the 1899 edition of his famous text, *Principle and Practice of Modern Medicine*. In this landmark book he describes a pneumonic death as being 'taken off by it in an acute, short, not often painful illness, the old man [sic] escapes those "cold gradations of decay" so distressing to himself and his friends.'

It is important to note that Osler was referring to a time before antibiotics and before artificial ventilation had been invented. He was referring to when lung infections were commonly bacterial, and the resultant death did, indeed, allow one to escape the 'cold gradations of decay'!

Sir William Ostler & 'the old man's friend'

With COVID viral pneumonia, however, one struggles to breathe as one struggles to suck air into one's water-logged lungs. The person will also experience the unpleasant effects of accumulating carbon dioxide. The mildly-euphoric effects of cerebral hypoxia (associated with the 'old person's friend') will be completely lost. The effort needed to breath is often described as a 'slow drowning'. This drowning is such that exhaustion will soon result, as one gives up the effort, and sinks to their death.

If, in these last desperate stages, sophisticated medical facilities are available, it is full active ventilation that is likely to be employed. Active ventilation involves the person being sedated and an endotracheal tube positioned in the throat which prevents any possibility of communication. A muscle relaxant is administered and the machine takes over the breathing process. While the ventilator can prolong 'breathing' indefinitely, this is not always enough to maintain life. With a ventilator, one's last conscious worldly experience may be the insertion of intravenous lines, rectal and urinary evacuation tubes, and the essential endotracheal tube. As the muscle relaxants flow and you stop breathing, the machine takes over.

Active ventilation in a COVID ICU hospital ward

If you are lucky, you may emerge some days later on a path to recovery. However, many people will not survive (although treatment is becoming more effective all the time).

The Worst Death?

On a Radio Lab WNYC podcast from April 2020, Johns Hopkins University oncologist, Dr Tatiana Prowell, was interviewed. Her discussion raised the critical, but mostly overlooked, issue of dying alone. A COVID-19 death is, according to Prowell, 'the worst death' for this reason. She explained:

> *If something good comes from all this, it's to distill down all the unnecessary stuff that has gone and that what's left is what really matters: like you are down to 'do we have sufficient nutrition? Are we with the people we love most and are they safe? Are we able to do our essential work even if it's hard and its made more complex?*

I mean, really, the little, tiny, tiny pearl at the centre of all this is that it forces us to say what is essential. And part of that essentialness is connecting with other people - meaningfully – deeply. I mean that is a big part of it.

The greatest tragedy in my mind of this entire illness is the fact that people die alone. So you know in the case of Papa Doc (Dr Prowell's brother-in-law's father) a thing that has been really hard for our family was that they sent him directly to the ER. And his wife called me and said 'we went there and they heard what his oxygen level was and he was coughing and that he was a physician and they took him right back him right back into the isolation area as a PUI (person under investigation) for COVID-19. And they wont let me come into the ER because I'm not symptomatic and they don't want me to be exposed and I can't be with him because he's now in this isolation unit'. And that's the last time she saw him.

Like she literally pulled up to the ER and he went in and she has never seen him again. And if he died, she would never see him alive again. And that is ... the greatest tragedy.

There's going to be so much tragedy from this, right, we're going to lose so much life. We're going to lose the life of people on the frontlines, our first responders, physicians and nurses, and we're going to lose people who are young.

But among all that other tragedy is going to be that hundreds of thousands, or millions of people, before this over, will die alone. And in many cases these patients are not even attended by a physician when they are dying.

You have a phone call with them from outside the room. You only go in the room if you need to lay hands on the patient to do a procedure or something.

These people are going into the hospital, they walk into the ER. They are coughing or something and they don't know, they don't realize - I didn't even realize - I mean I realized but I didn't think of it. I knew that if he went in there that he would immediately be put into a room as a person under investigation but I didn't think.

It happened so fast that I didn't say 'tell him you love him', like spend 10 minutes in the car with him before you send him in. Like you've been living with him for weeks you've been exposed, take 10 minutes he's not critically ill, take 10 minutes and talk to each other. Say what you need to say, tell him the logistic stuff, like whatever you need to do, do it. And I didn't think to do that and I'm a physician. Like I knew that these people were being isolated and it didn't occur to me. But somebody who doesn't realize that, they drive their family member up to ER and that's it. The people who die, they will never lay eyes on them again.

You know I think a lot about death, I've attended a lot of deaths as an oncologist, a lot like I can't ... I've been a doctor for 21 years and I've been an oncologist of 17 of those years, I can't even begin to guess how many deaths I've pronounced. I've been a witness to death a lot of times.

And there are a lot of things that distinguish a good death from a bad death: like being free of pain and having, um, closed all your loops. Like not feeling like you're dying with unfinished business on either side: on the part of the person who is dying or on the part of the survivors, sort of thing.

If you are prepared, if you are not surprised by death, those are the people who have a good death, you know. I think there's some sort of peace and resolution in the end of suffering.

These (COVID) deaths are the exact opposite of that. It is the worst death. No one is prepared for it. No one has closed the loops. No one has got the logistics ready. No one did the emotional hard work of making sure everyone said what they need to say and that people are forgiven, or are ready to forgive. None of that is done.

I don't know - it's a lot to think about - people dying alone.

The podcast link (Dispatch #3 'Shared Immunity') is at:
https://www.wnycstudios.org/podcasts/radiolab/podcasts

This is why there seems little about a COVID pneumonic death that can be described as 'friendly'.

Ventilation: Passive and Active

The use of a machine that delivers a monitored amount of oxygenated air into a sedated/ unconscious person's lungs (through an endotracheal tube in the throat) is called active ventilation. In contrast, passive ventilation is where a conscious person can breath on their own, and a machine simply assists the process. Passive ventilation is accomplished without the need for sedation, or the positioning of a tube into the throat. A face mask (that seals around the mouth and nose) delivers oxygenated air (at positive pressure) as the person breathes.

CPAP (Continuous Positive Air Pressure) machines have been in use for some years as effective treatment for sleep apnea. Sleep apnea is a condition where, in deep sleep, a collapse of the 'soft palate' (roof of the mouth) blocks one's air entry. Sleep apnea can cause choking, alarm and arousal followed by deep inspiration. Once one settles back to sleep, the process then repeats.

Sleep apnea causes significant sleep interruption with low oxygenation and an accumulation of blood carbon dioxide. Effective treatment of the condition can be achieved by feeding air into the mouth and nose at a positive pressure while sleeping. A fan assembly then feeds air at a raised pressure to a sealing face mask over the nose and mouth. The higher pressure prevents the person's soft palate from collapsing, and reduces sequential airway blockages.

With a CPAP machine, the person has to work harder to exhale against the increased air-delivery pressure. A more sophisticated version of this type of machine (which has also been developed for home-use) drops the pressure of air delivery as expiration starts, while increasing it again for the next breath. These dual-pressure devices (BiPAP machines) use a sealing face mask to deliver oxygenated air to the lungs. BiPAP machines provide passive ventilation.

Passive ventilation with a BiPAP machine can be of significant benefit to a COVID sufferer who has compromised lung function. This is because the raised air pressure keeps the lungs better aerated, and reduces collapse of the alveoli. Passive ventilation can also lower fluid exudate into the lungs. While not as effective as full, active ventilation CPAP and BiPAP machines are much cheaper and easier to fit. And, as there is no throat tube, the person receiving the passive ventilation is conscious and can still communicate.

Modifying a CPAP or BiPAP machine for passive ventilation
(or assisted suicide)

Note - one problem with this technique is that the expired breath contains a high virus load. Ejecting this used air into a room, presents a considerable risk to anyone caring for the patient.

Modification of CPAP & BiPAP Machines

The much-reported shortage of expensive active ventilation machines as the global pandemic spread, focused attention on the adaptation of the much cheaper CPAP and BiPAP machines in order to treat those with developing COVID pneumonia. BiPAP machines were successfully adapted so that a measured volume of pre-humidified and oxygenated air could be delivered at a controlled pressure. If the sealing face mask were abandoned, and replaced by an endotracheal tube, a poor person's ventilation was achieved.

(This development inspired Exit's own initial research into the usefulness of such a modification to a CPAP machine as an end of life device. In the Exit case, instead of oxygenated air being delivered at pressure, an inert gas such as nitrogen could be used. Because the nitrogen would be delivered at a positive pressure, a face mask could be used (because leakage would not be an issue). Details of the proposed modification process is a topic for Exit's Citizen Science Initiative.

See: *https://www.exitinternational.net/exit-citizens-science-initiative/*

Ways to Speed up a COVID-19 Death

A COVID death from acute respiratory syndrome is unlikely to be particularly easy (or peaceful) as one fights to draw air into stiff, water-logged lungs. There is, interestingly, a number of drug options that could be employed to speed this dying process: to make it quicker and easier. To bring it closer to the 'acute, short and not often painful' description of Osler's 'old person's friend'.

The most distressing symptom in a COVID death is the dyspnea, (shortness of breath) and 'air hunger' that comes from the inability of the lungs to absorb sufficient oxygen: or allow the removal of carbon dioxide from the body. It is the accumulation of CO_2 that lowers the blood pH leading to an acute and life-threatening respiratory acidosis (when blood becomes acidic) with the symptoms of headache and confusion added to the desperate search for breath.

There exist several ways to alleviate these symptoms and make one's death a little easier.

Oxygen

Oxygen therapy can be delivered with or without passive ventilation. The use of oxygen may remove some of the distressing symptoms of 'air hunger' but, on its own, will not speed death.

Opiates

Morphine, Fentanyl, Opium, Heroin or even Codeine can dampen the distressing 'air hunger' symptom. These drugs are often used in a palliative setting in order to 'make the patient comfortable'. These drugs suppress the respiratory drive and can hasten a pneumonic death. Obtaining restricted pharmaceutical opiates, however, can be difficult (see the Chapter on 'Drug Options: The Opiods'). Illegal sources may, therefore, be needed. While opium and heroin are very effective for this purpose, they would need to be smoked or administered intravenously.

Barbiturates

As we all know, barbiturates are heavily-restricted drugs. However, their sedative and respiratory depressing qualities mean that even sub-lethal amounts of Nembutal can be very effectively employed to assist a pneumonic death. If you have acquired Nembutal but are concerned you do not have a full lethal dose, this may be a good use in the alternative.

B Blockers

With pneumonia, a person's lungs are ineffective, and insufficient oxygen gets into the blood and reaches the brain (cerebral hypoxia). To compensate for this, the body increases the blood flow (cardiac output). Drugs such as propranolol block this compensatory mechanism, and accentuate the cerebral

hypoxia. A propranolol dose of 320mg, two to three times a day, will have this blocking affect.

Nitrite

This inorganic salt can be used to speed a pneumonic death. As described in the Chapter on 'Inorganic Salts', when it enters the blood, nitrite reduces the blood's oxygen-carrying ability. Even a small drink, (eg. 10gm in 50ml of water) will speed the end of life of someone experiencing COVID pneumonia.

Examples of COVID Affecting End of Life Methods

Chloroquine

The first reports that the anti-malarial drugs, chloroquine phosphate and hydroxychloroquine, may be effective as a treatment against the COVID-19 emerged in a Chinese report in January 2020. While subsequent early research seemed to confirm their efficacy, this has since been largely discarded. Despite Donald Trump referring to month later, chloroquine phosphate and oral hydroxychloroquine as 'game changers' in the 'fight against COVID-19', by June 2020, the FDA had revoked their emergency use authorization (EUA).

Prior to this revocation however, the media reports raised an interesting fact (albeit by way of a tragic example). In March 2020, an Arizona man died after taking chloroquine phosphate. He had purchased the chloroquine for use in his home aquarium (as a treatment for parasite diseases in ornamental fish).

Fish tank chloroquine phosphate

While Chloroquine phosphate (marketed as Avlochlor 250mg tablets) had been readily-available for many years in many countries over-the-counter, it was unknown that chloroquine phosphate was available on websites such as eBay as a fish tank additive. Chloroquine phosphate remains a useful end of life method (See the Chapter on 'Chloroquine').

Pre-COVID, the Exit RPA rating for chloroquine (as an end of life option) was 76% which is a little lower than sodium nitrite. Chloroquine availability was then rated at 10/10. The availability rating post-COVID has now dropped to an estimate of ~ 4/10. This gives chloroquine a new rating of a low 60%.

Barbiturates

The implementation of ongoing, international travel restrictions and the closure of many international borders has meant that physical travel to purchase over-the-counter veterinary Nembutal is a difficult option. This is in stark contrast to pre-COVID times when Nembutal could be reliably sourced without a script in a number of South American countries. While the drug may still be available, it is the inability to travel that severely limits this as an option.

That said, Nembutal remains available over the Internet, although it is an illegal purchase.

Nitrogen & Gas Techniques

The need for ventilators and the potential use of CPAP and BiPAP machines as passive ventilation devices has drawn new attention to these machines and to their use of sealing, 'sleep friendly', positive air pressure delivery systems. This has highlighted their possible future use as positive-pressure, end of life methods (if an external source of a gas such as nitrogen is used).

The R2D DeBreather

In April 2021, the R2D DeBreather device again started to ship, after a period where its supply (out of China) was seriously interrupted by the emergence of COVID-19.

Anecdotal evidence shows that while, initially, there was a 'yuk' factor associated with the aesthetics of the R2D DeBreather, the look and process of this device is suddenly much more acceptable. This is perhaps due to a growing public acceptance of the use of face masks. Once shunned, wearing a mask on one's face is suddenly common place.

The problem of poorly-fitting and leaking face masks has been a major issue in the design of the DeBreather (as detailed in the Chapter on DeBreather). With the availability of alternative CPAP and BiPAP masks (which are designed to remain in position during sleep) further modifications and improvements to the R2D DeBreather may be in the pipeline.

The Sarco

COVID-19 has had a major impact on the Sarco project. After a successful six month display at Venice Design in 2019, in February 2020, Sarco moved to Cube Design Museum in the Netherlands. After only two weeks on display, however, the exhibition was suspended due to COVID. The (Re)Design Death exhibition would open/shut for the best part of 2020 and into 2021, closing for good in February 2021.

While Sarco had initially been scheduled for use in Switzerland in the Spring of 2020, European travel restrictions (due to COVID) meant that this timeline had be abandoned. With vaccines now starting to be widely available (enabling travel), and the legal assessment of Sarco by Swiss lawyers now complete, it is expected that Sarco will now be used in 2021.

The Swiss Option

Despite COVID-19, Pegasos continued to operate quietly throughout the pandemic. However, a raft of special additional paperwork has since been required. Anyone seeking a VAD at Pegasos is advised to contact the organisation by email and discuss their personal situation.

Advance Directives in the Post COVID World

The arrival of COVID-19 reinforced the need for everyone to prepare a legally-recognised advance directive document and arrange the appointment of a legal representative (eg. guardian, proxy, agent, etc.). And advance directive outlines the nature of one's preferred end of life care, (and a guardian can advocate on our behalf) should we become unable to communicate this for ourselves.

Fiona Stewart & dog Henny try out Sarco X in the Workshop, August 2020

A deteriorating health situation with a COVID pneumonia can quickly place you in the position of having to make a decision as to what level of medical intervention you want. If the prospect of needing active ventilation is likely, it is incredibly beneficial to have your care wishes documented well in advance. It could be that when these decisions need to be made by medical staff.

The existence of a legally-drafted advance directive and appointment of a legally-sanctioned person to represent you, could protect you from a prolonged and undignified death in an ICU. An AHD document, and an agent, can also ensure that, should you wish, scarce medical resources are freed up for those who want them (and who may be more likely to benefit from them). This makes the decision-making easier for the medical staff involved.

The Post-COVID Exit RPA Table

COVID-19 has affected the rating of a number of end of life options. (Yellow in the RPA chart below).

Specifically, chloroquine is now much less accessible. While Nembutal as an over-the-counter purchase is difficult, but this is compensated to some extent, by its continued availability over the Internet. While the availability of the R2D DeBreather had been interrupted during the worst months of COVID, this is has since improved. The Sarco project remains behind schedule. While the Swiss option is open to foreigners, it remains more difficult.

Method	Pre COVID Score (%)	Post COVID Score (%)
Nembutal	76	78
Inert Gas (N_2)	80	78
DeBreather	78	76
DDMP	78	78
Fentanyl	73	74
Nitrite	78	78
Azide	75	75
Chloroquine	76	60
Propoxyphine	71	71
Cyanide	60	60
Amytriptiline	66	66
Monoxide	68	68
Morphine	60	60
H2S	68	68
Insulin	60	60
Chloral Hydrate	60	60

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Swiss Options

- Swiss Law on Assisted Suicide
- Who can get help to die in Switzerland?
- The Medical Model of the Swiss Organizations
- Pegasos Swiss Association
- The David Goodall Story & Laura Henkel
- Exit Travel Companion - ID Service

Introduction

There is only a handful of places in the world where Voluntary Euthanasia / Assisted Suicide/ Assisted Dying is currently legal. In most of these places (eg. Netherlands, Belgium, Canada, various US States and in Australia etc.), not only must you be a resident of the country or state, but you must be seriously ill or suffering (eg. likely to die within 6 months).

Only in Switzerland can you get help to die as a foreigner. This means you can fly in to Switzerland from another country for an assisted suicide. This makes Switzerland unique.

* It was reported in 2018 that foreigners may be able to obtain euthanasia in NL if they could establish a "long standing relationship with a Dutch doctor".

A second unique aspect of assisted suicide in Switzerland stems from the flexible nature of the *Swiss Penal Code* (Art. 115 StGB), and subsequent case law that governs the practice of assisted dying.

According to Swiss law, 'a person who, for selfish motives, persuades or assists another person to commit suicide will be punished with imprisonment of up to five years.' This means that anyone who does not act 'selfishly' (eg. who does not benefit from financial gain or personal promotion) commits no crime.

Following from the Swiss Code, the person receiving the assistance does not need to be ill. However, there are two further requirements. Firstly, the person requesting the help must possess decision-making capacity and, secondly, they must have 'control' or 'ownership of the action' over their death ('Tatherrschaft' in German) (Swiss Federal Supreme Court decision BGE 133 I 58).

The Medical Nature of Dying in Switzerland

In a nutshell Switzerland is different because:

a) you can come to Switzerland as a foreigner and get help to die; and
b) you don't need to be sick to get help to die

See: *http://bit.ly/CQHEAdorno*

Switzerland is a country that deserves congratulations for being open-minded enough in helping foreigners get a peaceful death at a time of their choosing. However, this openness does not mean that there is no drawback, because there is. Swiss VAD groups all operate on a medical model. This can make it difficult for some people to get help.

Under Swiss law, it is only medical doctors who can prescribe the lethal drug, sodium pentobarbital (Nembutal). This makes doctors a necessary fact of life for those wishing to die in Switzerland. In order to get a doctor to write a script for Nembutal, the doctor needs to review and approve one's medical records. This makes the process medical, despite the fact that under Swiss law anyone can help another person to die.

There is, of course, some leeway in terms of the doctor who prescribes the Nembutal. Different organisations operate with different doctors. All are individuals. While there are always limits, a good doctor will understand a person's reasons for wanting to die and respect and take very seriously their decision to do so.

Swiss Pentobarbital Natrium (Nembutal)

However, as long as the Swiss VAD groups use Nembutal, they need the cooperation of the medical profession. This on-going tension between 'medical paternalism' (the role of the medical profession in determining who *is deserving* of help to die) and a person's lawful right to self-determination, is the subject of much debate and discussion within the Swiss right to die movement.

What Type of Assistance is Allowed?

As discussed earlier, the *Swiss Penal Code* allows for assistance to die. Swiss case law, has added further conditions. As stated in the introduction, a person who wants assistance to die must possess:

1. decision-making capacity; and
2. they must have 'control' or 'ownership of the action' ('Tatherrschaft' in German) over their death (see Swiss Federal Court BGE 133 I 58).

This second point has been legally-interpreted as the need for the person, themselves, to push the button or drink the liquid unaided.

Under Swiss law, 'euthanasia' is not permitted. This means that even when a person opts for a lethal injection, the doctor can lawfully to insert the cannula into the person's arm, however, it is the person who must set the drip going. This is done by opening the tap on the intravenous line.

Alternatively, if the person has opted to drink the Nembutal, he/she will be given a glass containing a mixture of the Nembutal powder and water. They must drink the Nembutal unaided either using a straw or by lifting the glass to their mouth.

There are a number of assisted suicide groups currently catering to non-Swiss nationals. However, this book has elected only to discuss the activities of our good friends at Pegasos Swiss Association in Basel.

"You must be doing well dear, look the doctor's given you a certificate."

The Swiss Organisations

Ever since the authors accompanied Australian doctor, Dr John Elliott and his wife Angelika, to Dignitas in 2007, Exit has had a close association with the various Swiss VAD organisations.

The authors have visited each of the four groups that currently cater to foreigners (Dignitas in Zurich, Lifecircle in Basel, EX International in Bern) and Pegasos Swiss Association, which has rooms in Liestal which is outside in Basel.

The remainder of this Chapter is devoted to discussing Pegasos. Why do we support Pegasos? First and foremost because it was founded by Ruedi Habegger. The authors worked closely with Ruedi to help 104-year old Exit member, Professor David Goodall, in May 2018. While David died at Lifecircle, it was Ruedi (and his colleagues) who made it all happen.

Pegasos Swiss Association

Established in August 2019, Pegasos Swiss Association was founded after the death in May 2018 of 104-year old Australian ecologist, Professor David Goodall. Professor Goodall was not sick. At 104 years of age, he said that he had lived long enough and now was the time to die (detailed discussion is included later in this Chapter).

Aims and Objectives of Pegasos

When Pegasos was set up it aimed to be different to the other Swiss organisations. The aims and objectives of Pegasos are to:

- cut the red tape that surrounds a Swiss VAD
- minimise waiting times
- offer a service that has English as its first language

Red Tape

Over the past two decades, it has been a common complaint of those applying for a VAD in Switzerland that the amount of paperwork required is laborious and exhaustive, especially when a person is very ill or very old. Pegasos says they aim to simplify the procedures for the gathering and submission of the necessary paperwork as required under Swiss law. They are the only group to allow the essential documents and background information to be submitted online via their website.

Waiting Times

Following from Pegasos' more streamlined approach to applications, waiting times for an assisted death are also significantly shorter. With a smaller, more responsive team, Pegasos says it is able to be more flexible to accommodate individual needs.

English Language

Pegasos is both a Swiss and an English language service. However, it is the only service to have native English speakers on staff. No more 'lost in translation'. The Pegasos website is clearly written. The application process can be daunting enough. The last thing anyone needs is confusing English expression.

The Pegasos Team

The Pegasos Swiss team includes: doctors, lawyers, PhD social scientists and others from the 'helping professions'. They are all people who have a deep personal and moral investment in a person's right to a peaceful and reliable death, at a time of their choosing. Ruedi is an art photographer by profession as under Swiss law, help can be provided by anyone, not only by doctors and nurses.

Supporter Subscription

As a Swiss association, Pegasos has settled on a supporter subscription model of operation. This is to say that for €100 per year, not only can you support the work of Pegasos but you will be able to apply for a VAD in the future, should the need ever arise. Membership can be taken out online at the Pegasos website.

A Special Word about Exit Members

In a show of collegiality, Exit members can join Pegasos for free. They can then be ready to apply for a VAD with Pegasos at any time in the future, should the need arise.

ID Service for Exit Life Members

Everyone who dies at Pegasos must have their body identified after death. Many people who seek an assisted death in Switzerland, however, travel alone. For this reason, Exit offers

an ID service for our Life Members. More about this service can be found on the Exit website.

See: *https://www.exitinternational.net/swisspegasos/*

A VAD Application

In order to apply for a VAD at Pegasos, you must first join the organisation as a supporter. You complete the VAD application online. You can become a supporter of Pegasos and request a VAD at the same time. Once an application is received, Pegasos will contact you by email to discuss your documents and the finer details of your preferred VAD timeline.

Required Documents

As with all the Swiss organisations, there is a number of legal documents that are required before a VAD can take place.

The documents fall into two camps:

1. those that must be certified by a public notary and have been re-issued within the last 6 months
2. those that do not need to be certified and can be of any age.

Copies of all documents can be uploaded to Pegasos as part of the online application process. The originals need to be brought in person to Switzerland.

Certified Documents (re-issued <6 months):

- Your long-form birth certificate (with parents' full names)
- Marriage certificate
- Spouse's birth certificate

Note: one way to simplify the process is for the originals of the documents listed above to be photocopied. You can then take the original and the photocopy to a notary public and have him/her certify that the copy is a true copy of the original. With a date stamp of < 6 months, the criteria is then satisfied.

There are other required documents that do not need to be certified.

Pegasos clinic in Basel

Non-Certified Documents (of any year):

- Passport or ID card
- Medical records (if you have any diagnoses)
- Proof of residence (rates notice, utilities bill, etc)
- Divorce certificate (if divorced)
- Death certificate of your spouse (if widowed)

Personal background information is also required. By taking the application process online, Pegasos has made it much easier, allowing each applicant to type details about their past personal life, family situation, health status including medical records. You can even nominate your preferred VAD date directly online in the private, secure section of the Pegasos website.

This means that a hitherto tiresome, confusing and exhausting application process has been made easy and understandable. As a result, stress levels of applicants are lower as the step-by-step process (eg. the ability to complete the application in stages, saving it each time and finishing it at one's own pace) has helped the most basic of computer users. This change of *modus operandi* will, no doubt, be music to the ears of many readers of this book.

Approval Process

Upon completion of an online VAD application, the Pegasos team reviews all the documents, and prepares a file for the Pegasos doctor (or psychiatrist - if required).

On approval (the 'green light'), a mutually-acceptable VAD calendar date can be set. If the person applying suffers from a neurological condition (eg. ALS/ MND, MS etc), the approval process is likely to take around four weeks. For all others, (eg. situations of unbearable suffering/ completed life), faster approval times may be possible.

Approval is communicated via email, followed by phone contact with a member of the Pegasos team. The Pegasos team member then acts as the primary contact person for the person and their family/ friends. He/ she is available both via email and phone.

A Pegasos VAD date may be scheduled for in a few weeks or months time, depending on the urgency of need. Pegasos advises that the person should generally arrive in Basel a day or two before their VAD date, along with family and friends (and pets). This extra time allows for consultations with the Pegasos team and for paperwork to be checked to ensure it complies with Swiss regulations.

Assistance with Travel & Accommodation

Pegasos are happy to help their Supporters organise their travel arrangements and to give general accommodation advice. Switzerland can be an unknown quantity so local insider knowledge can be invaluable. This is especially the case if the family pets will also be coming to Basel. Pegasos says they make special effort to welcome pets as part of the attending family.

One question that is commonly asked of Pegasos is what to say to Swiss Immigration on arrival at the airport. If they ask you why you are travelling, what is the right response? Medical treatment (specifically medical treatment that is not available in one's home country) is perfect justification.

Pegasos Clinic

In the Lead up to the VAD

A day or two after arriving in Switzerland, a consultation will be scheduled with the Pegasos doctor (or psychiatrist if required). These consults are usually held at your hotel. After the meeting, the doctor will write the Nembutal prescription. The drug will be collected from the pharmacy by a member of the Pegasos team on the day of your VAD.

At Pegasos, the VAD takes place at their clinic in the small town of Liestal, a 15-minute drive south of Basel. On arrival at the clinic, a further short round of paperwork concerning power of attorney forms etc. needs to be completed.

Note - family and friends who plan to be present for the VAD will need to have their passports with them for the authorities afterwards. (These are purely for identification purposes.)

While the time of death is usually left up to the person, VADs generally take place in the morning. In attendance at the VAD will be the small Pegasos team and your family/ friends and pets. Note, it is important for at least one friend and/or family member to be present in order to formally identify you once you have gone. If you are coming alone and are a life member of Exit, a member of the Exit International team will be able to be with you in Liestal at the end, for the purpose of this ID (see discussion in previous section).

Oral or Intravenous Drug Administration

In Switzerland, there is nothing that mandates the way in which Nembutal must taken, as either a drink or intravenously. Although this choice is left to the person concerned, Pegasos has a strong preference for the latter form of administration. Intavenous administration provides for a very fast, gentle death, normally within a few minutes.

However, if you choose to drink the Nembutal, you will need to take anti-emetic (anti-vomiting) medication first. This will be provided by Pegasos.

What to expect at the VAD

The VAD takes place on a bed in the 'cocoon room' at Pegaso where is a lounge, dim lighting and a music amplifier (to enable one's chosen Spotify playlist). For all deaths, a camera is used for recording purposes. The filming is shut-off once the person has initiated the process so the actual death is not filmed. Immediately before your VAD, you will be asked:

- your name and date of birth
- the reason why you have come to Pegasos (eg. 'to die') and
- what you understand will happen when you drink the drink/ open the valve (the drug will flow and you will die).

By recording these preliminary steps, Pegasos safeguards the team against any accusation of coercion. Pegasos can then prove to the authorities that the death was voluntary and was carried out by the person him/herself. The authorities may view the recordings as part of their investigations after you are gone.

Afterwards

After a VAD, the local Swiss authorities are called. Those attending may include: a representative of the Public Prosecutor's office, the police and, possibly, an officer from the coroner's office. These authorities examine the body.

At this point, the person who has been nominated to identify the after death steps forward. Once the formalities are complete, the funeral home collects the body. The person's ashes are available for collection around 5 working days after the death. Alternatively one's ashes can be couriered home. Pegasos can arrange for this.

In the weeks following a VAD, one's family or other nominated person receive two letters by mail.

The first is the death certificate which Pegasos will send by mail. The second letter is from the Canton of Basel Land. This letter is called an 'order to dismiss' and confirms that no crime was committed. This second letter is a formality only and has no other purpose.

Costs

All Swiss VAD services charge similar fees. This can be explained because the professionals who staff the services must charge the same professional fees as if they were working in a mainstream medical field.

At Pegasos, a VAD costs ~€10,000. This amount is payable in two installments. The first installment is payable online at the time the VAD application is made.

The second payment is due when the VAD confirmation (including the date) is provided. This is after the sign-off and when all paperwork has been submitted and approved. Both payments are made online via the Pegasos website or by wire to the Pegasos Swiss bank account.

Pegasos Refund Policy

It is welcome news that one's deposit is refundable (in part) by Pegasos, should you not go through with your VAD for any reason. The only funds that are withheld by Pegasos are those incurred in the lead-up to, and administration of, your VAD application (this is around €1300).

This refund policy stands in marked difference to that of organisations such as Dignitas, who do not refund their initial required payment of 3000 CHF. The refund policy of Pegasos, avoids nasty surprises such as the one Australian fireman Troy Thornton received when he tried to go to Dignitas in January 2018.

See: *https://www.gofundme.com/f/troythornton*

Service	**Price in Euro**
Assessments and administration	3,000
VAD Appointment, incl. Medical Consultation's	4,300
Funeral Services etc.	2,150
Post VAD Administration	550
TOTAL	**10,000**

Pegasos Contact Details

Website: *www.pegasos-association.com*
Email: *contact@pegasos-association.com*
Phone (English language): +41-79855-4090

Snail Mail Address:

Habegger c/o Pegasos Swiss Association
Vogesenstrasse 43, 4056 Basel, Switzerland

The Birth of Pegasos - The Professor David Goodall Story

At 104 years of age, Professor David Goodall was Exit International's oldest member. He died on 10 May 2018 at Basel in Switzerland. In many ways, David Goodall was an unlikely activist. This short summary of the weeks leading up to his death provides a behind-the-scenes look at how this elderly English-Australian man grabbed world attention through his decision to die in Switzerland.

With an Exit membership number of 1848, David Goodall had been a member of Exit for almost 20 years. A regular attendee at Exit meetings, he would often arrive late and leave early. As one who relied on public transport, he had to fit in. Always quiet during workshops, David would often seek a private

Dr Philip Nitschke & Professor David Goodall, Basel, 10 May 2018

conversation with Dr Philip Nitschke at the tea break. He said he had purchased nitrogen in 2012. He wanted to be prepared.

As the years went by, David soldiered on. That was until shortly before his 104th birthday when he tried to end his life. This attempt failed. The outcome was a frustrated, desperate man who was fast-losing his dignity. This is when his daughter, Karen Goodall, emailed Exit asking for help.

By this time, David was in the clutches of the medical profession. A second suicide attempt was out of the question. Shockingly, the doctors were threatening to certify him (due to his failed suicide attempt and ongoing frailty). The only choice that remained open to David was the 'Swiss Option'.

When Philip suggested this to Karen, David was quick to say 'yes'. This was a bit surprising. After all, the 24-hour trip from 'downunder' to the centre of Europe is no mean feat at any age. But make that flight David did, in large part because of the very successful Exit crowd-funding campaign which raised the funds to upgrade David to business class.

On arrival in Basel, David saw both the doctor who would prescribe the Nembutal and a psychiatrist who validated that he was of sound mind. This was considered necessary because of this extreme old and the fact that he was not sick.

Once fluent in German, to his absolute credit, David wanted to have his psychiatric review conducted entirely in German. It took quite a few minutes of too-ing and fro-ing until he

acquiesced and allowed it to proceed in English with translation. You have to admire the man's tenacity (and his German).

At the time of his death, David was still independent in his daily needs. While Carol O'Neil (the Exit nurse who had travelled with him) was on hand 'just in case', David took care of himself in his own hotel room. He went to the toilet unaided. He still had that dignity. When Carol asked if he needed assistance showering, David 'fessed up' that he was not keen on daily showers. He requested, ever so politely, that she not labour the point with him. Fair enough.

David spent his last days entertaining what seemed like an endless stream of family members who came and went. Friends from the Netherlands likewise. David seemed to like the idea of a glass of wine with dinner. It also quickly put him to sleep at the table. Meanwhile, the conversation went on around him and perhaps this was his point.

He told Philip Nitschke that he didn't feel relevant in the world anymore. We humans are intensely social beings. When one has no peers, a connection to the rest of us is inevitably dented. And with very advanced old age come other losses. Loss of hearing, loss of eye-sight and, ultimately, loss of independence.

As David explained at his press conference:

> *My life has been rather poor for the last year or so. I a very happy to end it. All the publicity that it has been receiving can only I think help the cause of euthanasia for the elderly which is what I want.*

Through his final days in Basel of long goodbyes, David Goodall will be remembered for his incredible patience. He was patient waiting for the family to show up to take him out to dinner on his final night. He was patient on his final day as the clinic equipment was reconfigured at the last moment. He never once lost his temper. He never once told the younger people in the room to get on with it. He was serene in the knowledge that he would soon be dead. There was clearly no place that he would rather have been.

David Goodall's press conference on 9 May 2018, Basel

David's 104th Birthday

The world's press was intensely interested in David due to his extreme advanced old age. A press conference seemed the only way to assuage the interest. David Goodall's decision to seek an assisted suicide touched a nerve and proved at point: you don't need to be seriously ill or suffering to want to die. Rather, David was a case study in the phenomenon known as 'tired of life' or 'completed life' (discussed earlier in the book).

While some people might find this concept difficult to comprehend, from David's point of view it was rather straightforward. As he explained it, his quality of life at 104-years of age was deteriorating such that death had become the preferable option.

He spoke openly to the media about how he regretted that he could not get the same assistance to die back home in Australia. He questioned the cruelty of having to fly half way around the world to get a peaceful death. He called on politicians to pass new laws.

See: *http://bit.ly/NewsGoodall*

He stated clearly and often that he could no longer do the things he wanted. Because his eyesight was going, he could no longer undertake his ecology field research in the Australian bush. The efforts of his university two years prior to ban him from the campus because he was a 'danger to himself' had caused him great distress (see: *http://bit.ly/DavidBBC*). A world renowned ecologist, David saw his ability to do meaningful work - to write academic papers and supervise doctoral students - slipping away.

Like so many others, however, what David feared most was being institutionalized. He had recently had a fall at home. One more mishap could well see him confined in a nursing home. This, he said, was not how he wanted to see out his final days. Instead, David Goodall took matters into his own hands.

> *One should be free to use the rest of one's life as one chooses ... If one chooses to kill oneself, then that's fair enough. I don't think anyone else should interfere.*

David's press conference in Basel was live-streamed by the international news wires Associated Press (AP) and Agence France Presse (AFP) and attended by journalists from all over the world.

Professor David Goodall, shortly before his death

In terms of David's actual death, it is now well known that soon after starting the intravenous Nembutal infusion, he opened his eyes to exclaim 'this is taking an awfully long time'. As he lay listening to Beethoven's *Ode to Joy*, he gave one last cough before falling into a deep, permanent sleep. In fact, the Nembutal worked very quickly. David's death happened within minutes.

Soon afer he died, two Swiss policemen arrived at the clinic. One in his 20s the other in his late 50s. Both were rather surly.

In Basel, unlike on other Cantons, the police examine the body for signs of foul play. When examining David they noticed the bruising on one arm. Fortunately, Nurse Carol was able to quickly explain that he had slipped getting out of bed that very morning. The bruising, cuts and bandaging were the direct result of this. With this explanation the police were satisfied and David's body was released to the undertaker.

Not long after midday, the grandchildren and the assembled media seemed to disperse as organically as they had come together. While dying in Switzerland is undoubtedly a benefit for those who seek it, the spectacle of travelling to a foreign country to do something as universal as dying can be awkward. That David Goodall was prepared to invite the world into his dying process sets his death apart from most others.

David's death has changed how assisted dying in Switzerland is viewed. Even the Swiss Medical Association has acknowledged that allowance must be made for those in extreme old age. No longer is assisted dying a medical privilege reserved only for the terminally ill. Rather, the debate is much broader and encompasses older people too. It was the Pegasos team who organised and managed David Goodall's death. He remains a guiding inspiration to them today.

In December 2019 and inspired by the David Goodall Story' 91-year old Laura Henkel travelled to Pegasos to die. She, too, thought she had lived long enough. She had long since decided that a care home was 'not for her'.

Laura's daughter, Cathy Henkel, and granddaughter Sam Lara, made a feature documentary about Laura's decision to die in Switzerland. The film is called 'Laura's Choice'.

See: *https://www.facebook.com/lauraschoicefilm*
Film Trailer: *https://vimeo.com/373563552*

The Exit Travel Companion Service

With the death of David Goodall in 2018, it became obvious that Exit could help people go to Pegasos in two ways. Firstly, there is a travel companion service. This is where an Exit volunteer may be contracted to accompany you to Switzerland. This person would help with travel arrangements, the paperwork and other details, and go with you on the plane (if necessary).

A second way that Exit is able to assist is by offering an ID service. As explained earlier, under Swiss law every person receiving a VAD must be accompanied by a person who is able to formally identify them after they are gone. As Exit has staff in Europe, it is possible for an Exit Life Member (who has no one to be with them at the end) to have an Exit person perform the ID duty.

Cathy Henkel, Laura Henkel & Sam Lara in the Cocoon Room at Pegasos

The Exit person will, if desired, greet you on your arrival in Switzerland. The ID service is offered free to Life Members of Exit International (ex costs).

To find out more about the Exit companion or ID service, see the Exit website at:

https://www.exitinternational.net/swisspegasos/

Or email Exit at *contact@exitinternational.net*

Conclusion

Switzerland remains the only place in the world where a foreigner can get help to die. However, travelling to a foreign country is never going to be everybody's first option. Operating a medical model of assisted death, you can be made to jump through hoops: because it is still a doctor who prescribes the Nembutal. With Exit's Sarco euthanasia capsule, however, everything will be different. The Sarco will operate outside the medical model (no drugs are involved). Sarco represents an opportunity to radically change the Swiss landscape on assisted suicide.

Once a VAD does not involve drugs, then the doctor who signs the paperwork will not be subject to the same oversight by the Swiss medical council. However, the legal requirement of adequate decision-making capacity will still need to be addressed, along with altruistic motives by those providing the Sarco. Exit will keep readers updated of all developments and our Swiss plans in future updates to this Chapter.

Final Considerations

Introduction

With everyone living longer, some older people have strong opinions against being kept alive beyond their 'use-by' date. Many of us have seen family and friends living longer but sicker lives and we ask what for? What is the controversy in wanting to opt out earlier than nature (or heroic modern medicine) allows? At Exit we believe that every rational adult should be allowed to make the fundamental, individual choice about when and how to die.

The aim of *The Peaceful Pill eHandbook* is to help ensure that one's death may be peaceful and reliable and at a time of one's own choosing. Our aim is also to ensure that the aftermath of a death is not unduly complex for those left behind.

The ways in which each family deals with the loss of a loved one, even if their death were planned, is uniquely individual. This Chapter, however, provides a few tips. To this end, this Chapter discusses issues such as suicide notes, death certificates (and how to avoid the police becoming involved), the legal issues associated with the cleaning away of equipment, autopsies

and coronial inquiries. This Chapter is not intended as legal advice. Rather, we hope to offer some important advice on how to safeguard your death while ensuring its aftermath is as least traumatic for all concerned.

Do You have the Mental Capacity to Die?

One important factor in dying is ensuring you have the mental capacity to do so. If you have been diagnosed with dementia, for example, the authorities may try to prosecute those left behind. That is, if you were not able to make the decision for yourself, did your friends or family coerce you or decide for you that now was the time for you to die?

Indeed, in conventional medical circles, open talk about taking your own life can lead a person to be being certified as lacking mental capacity. The mere mention of suicide is considered a symptom of a deeper underlying psychiatric illness (eg. depression). While there are some studies that suggest that some suicides are the result of acting rationally, this point of view is not widely accepted, at least within the medical profession. See: *http://bit.ly/CanSuicideBeRational*

Suicide Notes

One way that the question of mental capacity can be addressed is by way of a well-expressed suicide note. Obviously this only applies if you do not mind your death being recorded as a 'suicide'.

A suicide note is a statement of intent (in written, video, oral recording or other social media form) that outlines why a person ended their own life. The note will offer insight and explanation for those left behind, including, if necessary for the authorities.

When considering how or what to include in a suicide note, the following points may be helpful. One could say:

- The decision was the result of careful consideration
- No other person was involved in this decision
- The decision was not influenced by outside pressures
- If the person was suffering from a serious illness this should be mentioned

In short, paint a picture which a reasonable person would be able to relate to and sympathise with.

Once the note has been signed and dated, it is wise to make a few photocopies. If written, give or mail copies to close friends (if you have told them of your plans). Or use a sealed envelope and ask them to 'keep it safe'. That way you need not reveal the exact date and time of your plans. If you are in contact with a lawyer you could also give a sealed envelope to them also. Leaving your note hidden in a drawer in your home is another possibility. Let someone close and supportive know it is there to be used 'just in case' questions are asked.

A well written suicide note can not only help confirm that you knew what you were doing - that you had mental capacity to die - but it will help keep others safe. It is much more difficult for the police to charge a loved one with helping you suicide - even if they were with you when you died - if there is a hand-written or signed statement from, you outlining why you did what you did. If you don't mind that your death will be known as a suicide, then the note can be left somewhere obvious.

Death Certificates

If a death takes place outside of a hospital, hospice or other medical institution (eg. at home), it is normal practice upon 'discovering' the death, that the local doctor be called. Upon arriving at the house, the doctor has two formal duties.

Firstly, the doctor will confirm death. They will do this by carrying out a number of simple tests in order to establish that the person is indeed dead, not simply in a catatonic or comatose state.

A suicide note

Having confirmed death, the next duty is to sign the death certificate. There is a number of requirements that must be satisfied before this can be done.

Firstly, the doctor must know why the patient has died. Clearly, if you have cancer, your death will not seem suspicious and your death certificate should be signed without further question. However, if you have died for no apparent reason, even if your death looks to be natural, the doctor will not be able to sign your death certificate. That said, where 'the elderly' are concerned, old age can be a good substitute for a terminal diagnosis.

One way of working towards your advanced age being substituted as your 'cause of death' (despite the real cause being suicide) is to visit your doctor shortly before you decide to end your life. You might complain of chest pain or shortness of breath. Plenty of elderly people die of pneumonia. It is not called the 'older person's friend' for nothing. Presenting to your doctor with the symptoms of pneumonia is a good way to plant the seed in their mind. Then, when they find that you have died peacefully at home a few weeks later, they may add 2 and 2 together and the rest is history.

The visit to your doctor will also serve another important purpose. In most countries, a doctor will only be able to sign your death certificate if they have seen you in a professional capacity within recent weeks or months before your death. While the exact time period requirements change depending upon your country or state, the object is the same. Your regular, treating doctor will need to have seen you 'recently'.

In the 2018 trial of Suzy Austen in New Zealand, the person Suzy was accused of assisting to suicide had not seen her regular doctor before she died. Indeed, her regular doctor of many years

had since retired. While Annemarie's death might have looked natural, there was no way the attending doctor was going to sign her death certificate.

The lack of a recent doctor's visit and, more importantly, the lack of a known cause of death (at least prior to any autopsy being performed) meant that the police had to be involved. On this occasion, the involvement of the authorities led to Suzy Austen being charged with assisting in Annemarie Treadwell's suicide.

All other things being equal, Suzy may not have found herself charged had Annemarie visited her doctor complaining of chest pain and shortness of breath in the weeks before she died. After all, at 77, she was no 'spring chicken'.

What if the Death does not look Natural?

If the doctor suspects that the death is *not* natural (eg. if the death is possibly a suicide or if the cause of death is unclear) the doctor will certify death, but he/she will not sign the death certificate. In this case, the doctor will likely notify the police and the Coroner's office. This is not necessarily a cause for alarm especially if a suicide note has been left by the deceased and the cause of death obvious (eg. if the bottle of Nembutal is by the bedside).

If there is a well-written suicide note, the police may do no more than question those present about their relationship with the deceased. This questioning may be either informal at the home or more formal and 'under caution' at the police station. Questionning will seek to confirm that those present played no role in the person's death. In this situation, a suicide note may help make a death less suspicious. However, caution is still required.

A Word about the Police

In most countries, the police will only attend deaths that are 'suspicious'. Sometimes the police will consider a death suspicious on the grounds that the person was either a member of Exit or because they left the *Peaceful Pill Handbook* lying close by. Police will always use their discretion as to what happens next if a person has died at home.

While police are usually sensitive and respectful when attending a home death, it is pertinent to remember that they are there to do a job. The police may ask questions of the nature of illness of the person who has just died. If the suicide is obvious they will note the method used (if apparent). Details will then be forwarded to the Coroner's office. However, if there is any suspicion in the minds of the police about the death, their questioning may intensify. Be warned and be careful. The police are not your friend, no matter how friendly they may be to you.

An attractive coroner's court entrance

How much do I have to tell the Police if they ask?

In most jurisdictions, the law requires you to tell the police your name and address. But that is it! Even if the police are being really nice to you, it's good to remember that they will make extensive notes of the day. These notes will include everything you tell them on and off the record. Given their record of conversation can be used as evidence in court, it's best to say nothing, or very, very little. It is your right to say nothing so use it. And never submit to a recorded police interview unless you have an lawyer present. Seek legal advice immediately.

Should I say I was present when He/ She Died?

Exit is often asked if it is lawful for a loved one to be with a person when they take their life (ie. drink their Nembutal). There is 'no clear legal answer.' Obviously, it is the right thing to be there for the one you love. No one should be forced to die alone. However, the right thing to do is not always the legal thing to do.

In Nth America, the UK, Ireland, Australia and New Zealand there is very little case law which exists to help clarify whether being present when a person dies a) amounts to encouragement to suicide - 'assisting a suicide' or b) reflects a breach of a duty of care - under civil law. Generally speaking, a duty of care does not kick in unless the person who has died is known to you or does not have mental capacity. France is an important exception to this rule.

In general, there is little need to worry about whether you have a duty of care to stop a person suiciding. In modern western democracies, personal liberty is highly prized and is subject to strong legal safeguards.

> 'Restrictions on liberty and interference with rights, privacy, dignity and self-respect ... [should be] kept to the minimum necessary in the circumstance' (*Jervis on The Office and Duties of Coroners*, 1957).

Cleaning Away & the Law

Given that the deaths that we are talking about in *The Peaceful Pill eHandbook* are peaceful and dignified, the term 'cleaning up' refers to the removal of equipment such as an Exit Bag or empty drug packets from the scene of death. In some situations, this type of 'cleaning away' can be done well ahead of time. Many people who end their lives by drinking Nembutal will clean things up themselves. They will remove and dispose of the bottle. They may even rinse their glass before they nod off to sleep. If this is done, the cause of death will clearly look natural (even if it is suicide).

In most countries, cleaning up (if it means removing a gas cylinder and Exit bag) will be classified as an offence as it is 'interfering with the circumstances of a death' or 'interfering with a corpse' etc. In the scheme of things, this is not a serious crime. Note: removing an Exit bag from a persons's head after they have died, is a very different matter to helping the same person put the bag on their head in the first place. It is clearly 'assisting a suicide' to help a person position a bag on their head.

If, by chance, the authorities do become aware that some 'cleaning-up' has taken place, family and friends can explain their actions by saying that they were 'protecting their family's reputation'. They can say that it would be a 'blemish on the

person's good name' if their suicide were ever to be made public. Of course, whether you fess up to this at the scene of the death or say nothing, is always a line call. Only those present will be able to judge how to handle the situation. Generally speaking, however, the act of 'cleaning away' is unlikely to attract anything more than a legal slap on the wrist.

What if the Cause of my Death says 'Suicide'?

At Exit workshops, the room can generally be divided evenly into those who worry about what will be recorded on their death certificate and those who do not. Some people, understandably, fear being known as old Aunt Josie who 'committed suicide.' Others will have no preference, saying 'who cares what they write, I'll be dead anyway?'

If a person who is about to die from a serious disease and their death looks natural, it is likely that this disease will be recorded as the cause of their death. If you do not want 'suicide' recorded on your death certificate, you will need to take steps to disguise the truth.

Dying without Trace

At first glance, most end-of-life drugs (or orally-administered substances such as nitrite) leave no obvious identifying signs. Nembutal is a good example. The person will appear to have succumbed to their cancer or heart disease. However, if Lethobarb - the dyed, veterinary form of the drug is used - the person's lips will be stained green; hence the name the 'green dream'. Green lips are a dead giveaway (pardon the pun) to a death that is not natural.

If an autopsy is performed, the pentobarbital (or any other drug) will be discovered. Questions about its source could be asked. A suicide note that explains the source of the drug could be very helpful in this situation.

The *only method* that leaves no trace, even at autopsy, is the Exit Bag with nitrogen (a hypoxic death with helium will be detectable at autopsy). For the death to be recorded as natural, however, the bag, tubing and the cylinder would need to be removed. This is where a possible breach of the law comes in.

Is it better to die in the Morning or Evening?

Regardless of the method, it is generally advisable that the death takes place in the evening. This not only provides enough time for the possibility that the drugs take longer than they expected to work, but it will allow family members or friends to 'discover' the body in the morning. Then the doctor can be telephoned and the official paperwork completed by him/her. An overnight death also allows for everyone else in the house to say they were asleep in bed when the death took place (with no one able to prove otherwise).

Autopsies

If there is any doubt about the cause of death, the attending doctor will contact the coroner and an autopsy may be arranged. An autopsy involves the dissection of the body by a pathologist, the visual and microscopic inspection of organs, along with the biochemical testing of body fluids, stomach contents etc.

"You must be doing well dear, look the doctor's given you a certificate."

At autopsy, the existence of any drugs (and alcohol) in the body will be discovered. If the drug is uncommon or difficult to obtain, questions will be asked about whether or not assistance was provided in obtaining, preparing or administering the substance.

Families rarely have control over whether an autopsy is performed. The laws governing autopsies generally have little regard for the feelings of those left behind. That said, autopsies are expensive and so are generally only carried out if there is a legal or medical mystery associated with the death.

In cases where the death is obviously a suicide, an autopsy is generally unlikely to be performed. The take-home message in regard to autopsies is that if a totally undetectable death is important to you, and your family is prepared to stretch the law for you by taking the equipment away after your death, Nitrogen is your only option that will show nothing at autopsy.

A typical tagged body at autopsy

Safeguarding Your Will

As discussed earlier, the medical profession has long argued that suicide is most likely the outcome of a psychiatric illness. This makes rational suicide a contradiction in terms. If a person wants to die - regardless of the context - then QED they were not thinking rationally. Of course, Exit disagrees.

Luckily, 'the law' (vis a vis medicine) has never gone down the path of automatically equating suicide with mental illness. Rather, when adjudicating on suicide, the courts often find no indication of mental illness. To this end, the law does not see suicide as the outcome of mental illness. Indeed, some suicide notes have even been upheld as wills. Two birds with one stone as they say.

Where the making of a will is concerned, the law will be relatively unconcerned if your death was a suicide or not. What counts, in terms of making a will, is that you were of 'sound mind, memory and understanding' at the time that you made it.

This means that you must understand what you are doing in making your will. You must have a good general overview of your assets that you intend to give away, you must be mindful to those who may have a 'moral claim' to your assets (eg. your blood relations) and, finally, you must be aware of the ramifications of dividing your assets in the way you have done.

If you fulfill these general legal requirements, you will be said to have 'testamentary capacity'. So even if you then go on to suicide, your will will be relatively safe from contest, at least on the grounds of mental incapacity. If safeguarding your will is important to you there are several further steps that can be taken as extra precautions. These may be particularly important if your will is contested in court and if the 'other side' calls hostile psychiatrists as expert witnesses.

It is your last will after all

As professionals trained in the pointy end of bio-medicine, it is psychiatrists who are most likely to reject the premise that your decision to end your life was a rational one. Indeed, most psychiatrists object to the concept of rational suicide. As expert witnesses - even if they have never met you - psychiatrists have the power to make your suicide seem the action of a mentally ill person. Planning head can minimise the chance of this occurring in court.

- Ask your Doctor to go witness for your will. In addition, ask them to document in their medical notes your state of health and state of mind at the time you make your will.

- Ask your family members to write a brief statement of your mental wellness at the time you suicided. Courts will generally prefer evidence from those who knew you rather than consulting psychiatrists who never met you.

- Give your lawyer a one-page explanation of why you are dividing your assets up in this way - thereby providing extra evidence that you knew exactly what you are doing.

- If you are making a will that is substantially different from a previous version, write an explanation of why have changed your mind and give this to your lawyer.

If you have had a diagnosis of early Alzheimer's Disease - there will be no right or wrong answer.

On the one hand, you could submit to an examination for the express purpose of pinpointing the degree to which you are affected, and hope that your testamentary capacity is confirmed.

On the downside is that a) you may not wish to know and b) the results may be worse than you thought. There is no clear guideline if you have been diagnosed with Alzheimer's Disease and/ or Dementia.

The above discussion is intended to provide a useful check-list for safeguarding what happens to your property after you are gone. And, more importantly, to ensue that just because you suicide, your testamentary intentions should not be compromised or overlooked. For legal advice on all aspects please consult a solicitor or attorney in your local area.

Preserving Your Privacy with a Mail Forwarding Service

In this era of identity theft, an increasing number of people are turning to offshore mail forwarding services in order to receive their mail in their home country. These services have sprung up partly because of the boon in online shopping but also because people are increasingly wary about revealing their true mail and street address when purchasing online.

How mail forwarding services work

Regardless of where you live, there will be a mail forward service for your area. Some services only forward letters. Others take all your mail, re-parcel it into plain wrapping and send it on by either regular mail or by Fed X courier etc.

Prior to opening an account with one of these services, it is best to shop around to find the one that offers the right service for your particular needs.

Examples of these virtual mail forward services include (in no particular order):

http://www.mailnetwork.com/
http://www.myus.com/
http://www.my-mail-service.com

As one website says: 'You can use this address to give others the impression that you or your business are located in Vancouver as opposed to the city, province, state, country or continent in which you currently reside.' They then add: 'We can even repackage your mail for added discreetness.'

Grief Counselling

The voluntary death of a loved one can evoke mixed reactions in those close to that person. The broader community's reaction may also be varied. While many people support the concept of dying with dignity (rational suicide), there is still a significant minority who may be shocked. It cannot be assumed that there will always be sympathy for those left behind.

Where a person has died 'of their own hand', counselling may be of assistance for those left behind. The ability to talk things through can be therapeutic and can go a long way towards easing grief and despair.

Private grief counsellors can be found in most countries. There is even a new profession known as 'death walkers' who can help loved ones 'to respond as well as they can to difficult news, or to the shock of a sudden or challenging loss'.

See: *https://www.zenithvirago.com/*

Angelika Elliott with her husband John on the morning of his assisted suicide in Zurich in 2007

Telling Your Story Publicly

Some people who choose an elective death resent the fact that they are made to act like criminals in order to die with dignity. While some travel overseas to acquire prohibited drugs, others lie to their doctors and deceive those they love. This cloak of darkness has to change.

This is why Exit encourages our members/ readers to tell your story publicly. This is one effective way to push the debate forward. If you think you would like to contribute to public debate and encourage legislators to act, there are several options available. As trite as it might sound, as a rule of thumb, most media are keen on personal stories that involve suffering and heroism.

Take the story of Australian grandmother, Nancy Crick, as an example. Nancy went public with her plans to invite 21 end of life choices campaigners to be with her on the night she

Nancy Crick as she is best remembered.

took her Nembutal. In telling her story she wanted to force the authorities to clarify whether it was a breach of the law to be with someone when they die. Nancy died peacefully, sipping on Baileys and smoking a last cigarette. The Australian Police never did decide to charge those present. This grey area of the law prevails to this day.

Another person to speak out was 31-year-old Angelique Flowers. Angelique filmed an Internet message for the then Australian Prime Minister. She became front page news in *The Sydney Morning Herald*. See: *http://bit.ly/1JzVOQB*

The documentary about her death - '35 Letters' - won the 2014 Sydney Film Festival. See: *https://bit.ly/3m7liLS*

More recently, Professor David Goodall made global news in 2018 by being one of the oldest people to ever get an assisted death in Switzerland. See: *http://bit.ly/2F8SkaH*

And, on learning about David Goodall in the media, 91-year old South African-born, Laura Henkel, also went to Switzerland (she was old but she was not ill). Her life and death is the subject of the 2020 documentary 'Laura's Choice'.

See: *https://vimeo.com/373563552*

Concluding Comments

The Peaceful Pill Handbook series is made available in the philosophical belief that knowledge brings empowerment. As ironic as it sounds, an end of life plan makes for a longer and happier life in one's later years. Far from pushing people towards suicide, establishing one's options helps people to stop worrying, and get on with living.

For those with terminal illness, being back in control can be extremely satisfying, given the adversity which surrounds.

Freedom shouldn't take this much effort. But for the time being it does.

Exit appreciates reader feedback on the facts and the feelings that come with reading our books.

Thank you.

Final Considerations

Exit RPA Test

Rating Factor	NEMBUTAL	Inert Gas Debreather	DDMP	FENTANYL	NERITE
Reliability(10)	10	8 - 6*	10	8	7*
Peacefullness (10	10	7 - 8	9	9	7
Availability (10)	4	7 - 8	8	6	9
Preparation (5)	5	1 - 3	3	5	5
Indetectability (5)	4	5* - 4*	4	4	2
Speed (5)	4	5 - 3	3	3	3*
Safety (5)	5	5 - 5	5	5	5
Storage (5)	4	5 - 5	3	3	4
Legality (5)	0	5 - 5	2	1	5
TOTAL (60)	46	48 47	47	44	47
%	76%	80% - 78%	78%	73%	78%
RATING	0	1 -2	2	7	2

Rating Factor	PROPOXYPHENE	CHLOROQUINE	CYANIDE	AMYTRIPTILINE	AZIDE
Reliability(10)	9	8	10	8	9
Peacefullness (10	7	5	5	7	6
Availability (10)	8	4**	2	6	7
Preparation (5)	3	3	4	3	4
Indetectability (5)	3	3	3	3	4
Speed (5)	2	3	5	2	4*
Safety (5)	5	5	2	5	3
Storage (5)	3	4	4	3	4
Legality (5)	3	5	1	3	4
TOTAL (60)	43	40	36	40	45
%	71%	66%	60%	66%	75%
RATING	8	5	12	11	6

Rating Factor	MONOXIDE	MORPHINE	H2S	INSULIN	CHLORAL
Reliability(10)	9	4	10	5	5
Peacefullness (10	8	10	3	5	5
Availability (10)	6	4	10	6	6
Preparation (5)	2	5	4	2	3
Indetectability (5)	1	2	0	2	2
Speed (5)	5	2	5	5	3
Safety (5)	1	5	0	5	5
Storage (5)	4	3	4	3	4
Legality (5)	5	1	5	3	3
TOTAL (60)	41	36	41	36	36
%	68%	60%	68%	60%	60%
RATING	9	12	9	12	12

* Indicates some uncertainity

** because of wild fluctuations in availability brought about during COVID-19, this factor is subject to frequent change

About Philip Nitschke

Dr Philip Nitschke PhD, MBBS, BSc (Hons) is the Founder and Director of Exit International. As the first doctor in the world to administer a legal, lethal, voluntary injection under Australia's short-lived *Rights of the Terminally Ill Act*, Philip is a pioneer of the modern right to die movement globally.

Philip was awarded his doctorate in applied physics. He later became a graduate of Sydney Medical School.

With Fiona Stewart, Philip is author of *Killing Me Softly: Voluntary Euthanasia and the Road to the Peaceful Pill* (Penguin 2005, now republished). His autobiography, *Damned If I Do* (with Peter Corris) was published by Melbourne University Press in 2013.

Philip is the recipient of many rewards and honours including nine-time nominee for Australian of the Year. He lives in the Netherlands.

About Fiona Stewart

Dr Fiona Stewart PhD, MPolLaw, LLB, BA is a public health sociologist and lawyer. Fiona has worked in a variety of fields including over a decade in academia. Fiona has also been a consultant to World Health Organization, a journalist, newspaper columnist, dot-com founder and media strategist. Fiona lives in the Netherlands.

Fiona Stewart & Philip Nitschke

Join Exit International

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Membership of Exit International provides:

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- Exit Newsletter *Deliverance*
- Exit Supporter lapel badge & card

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Exit International
PO Box 37781
Darwin NT 0821
AUSTRALIA

contact@exitinternational.net
www.exitinternational.net
www.peacefulpill.com

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In *The Peaceful Pill eHandbook*, Dr Philip Nitschke draws upon the latest scientific research to explain a range of practical and useful end of life strategies. By applying Exit's 'Reliability - Peacefulness' test, the readers can compare the benefits of various options including the barbiturates (sources, testing, administration), the use of inert gases such as Nitrogen, poisons, prescription / over-the-counter drugs as well as the assisted dying services available to foreigners in Switzerland. Finally, the PPeH also covers issues such as testamentary capacity, wills, advance health directives, death certificates and autopsies.

Read what the critics say about *The Peaceful Pill Handbook*

The Peaceful Pill Handbook is a comprehensive reference describing practical methods of self-deliverance, including analysis of advantages and shortcomings of each. The electronic version describes new developments and provides updated contacts. Final Exit Network recommends that its members and clients consult The Peaceful Pill Handbook as a unique and valuable source of information.

Final Exit Network, 2019

"*The Peaceful Pill Handbook* ... lays out methods to end one's life ... the book is banned in Australia and New Zealand. In the United States, though, it is only a few mouse clicks away online."

New York Times, 21 July 2008

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Stephen, UK

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